Medicaid General Eligibility and Nursing Home

Provider Fair 2012

Presented by Christie Twardoski and Barb Flamand

Department of Public Health and Human Services

What is Medicaid?

- Federal and State program that pays medical costs
- For people with limited income and assets
- There are over 74 types of Medicaid

Coverage Groups

- Age 65 or older (aged)
- Blind according to Social Security criteria
- Disabled according to Social Security criteria
- Children under age 18 or 19 (depending on the program)
- Pregnant women
- Some caretaker relatives of dependent children under age 18/19
- Women diagnosed with breast or cervical cancer and receiving treatment

How does someone apply for Medicaid?

- Applications are available at any Office of Public Assistance, as well as from nursing homes, clinics, tribal health, IHS facilities, some hospitals or you can apply online at www.montanaconnections.mt.gov
- Applications may be filed in any Office of Public Assistance in Montana.
- Open cases can then be maintained in any Office of Public Assistance in Montana, at the recipient's request.
- Interviews are not required for Medicaid applications.
  HOWEVER...
- Interviews are strongly recommended as a way of sharing information between the Office of Public Assistance and the Medicaid applicant, and to facilitate communication and understanding.
- Interviews may be attended in person or phone by the applicant or representative(s).
- Help in completing Medicaid application can be obtained by calling your local Area Agency on Aging at 1-800-551-3191.

Documentation Required

- Proof of any demographic information supplied on the application, and proof of any ‘yes’ responses on the application are needed.
- Identity*
- Age
- Citizenship*
- Income
- Current bank statements for all accounts
- Property deeds/titles
- Life insurance policies
- Health insurance policies

Continued Documentation

- Health insurance premium notices
- Current medical bills
- Burial accounts/trust/contracts
- Annuity contracts

- Each applicant or recipient must also furnish a Social Security *Number*, although a copy of the card is not required.

- Other necessary information unique to the applicant's situation may be requested by the Medicaid case manager.

* Medicare, SSI and Social Security Disability benefit recipients are not required to provide separate proof of citizenship and identity. However, a valid (current) picture ID and government-issued proof of citizenship must be furnished for most other Medicaid applicants who are citizens. Aliens must provide proof of ID and approved alien status.

Income Eligibility

- Varies by group
  - 34% FPL or less to cover adults with children
  - 133% to cover children under age 19
  - 150% FPL to cover pregnant women
  - 200% FPL for women diagnosed with breast and/or cervical cancer/pre-cancer
  - Many Medicaid programs, there really is no income 'limit' (exceptions being MWD, MSP); if a person's income exceeds the SSI standards, they can still access Medicaid by 'spending down' their income in a manner similar to having a deductible on traditional health plan.

Resource Eligibility

- Aged, Blind, Disabled:
  - $2000 individual
  - $3000 couple
- Medicaid Workers w/Disabilities:
  - $8000 individual
  - $12000 couple
- Medicare Savings Program:
  - $6940.00 individual
  - $1041.00 couple

Excluded:

Home & land it sits on

One vehicle per household for most programs

Family-Related:

No resource limit for children on Healthy Montana Kids

$3000 all other groups

Basic vs. Full Coverage

- **Full Coverage**
  - Aged, blind, disabled, pregnant, less than 21 years old & Breast and Cervical Cancer Treatment
  - Eligible for all Medicaid payable services (subject to limitations and prior authorization)
- **Basic Coverage**
  - Everyone else
  - Not all Medicaid payable services are covered

Basic Medicaid cont'd

- Dental
- Eyeglasses and exams
- Hearing aids and test
- Durable Medical Equipment
- Personal care services in the home

What is not covered?

Nursing Home Requirements

- Spouses of nursing home residents may retain more assets & an income allowance.
- Home property may be excluded if intending to return within six months of leaving
- Nursing home expenses must exceed monthly income
- Asset/Resource transfers prior to or after Medicaid application may result in penalties
  - **DO NOT GIVE AWAY ASSETS!!!!!**

Residents of Nursing facilities

- An aged, blind, or disabled individual living in a nursing facility:
- Must have income that is less than the Medicaid payment rate for the facility in which she or he lives.
- If Medicaid eligible, a nursing home resident will contribute most of his or her income toward the cost of his or her care in the facility…
- However…

Allowable Expenses

- A nursing home resident is allowed to keep up to $50 dollars a month for personal needs as well as the amount needed to pay:
- health insurance premiums
- legally obligated child support
- alimony expenses.
- home maintenance allowance (for a period of time)
  - ABD person who is married but living in a nursing home will have his or her income eligibility determined solely on his or her individual income.
  - He or she may also be allowed to pass some or all of his or her income to the spouse remaining in the community, depending on that spouse's own income.

Resources

- How are resources treated for nursing home recipients?
- All assets of the spouses, whether owned jointly or separately, are combined and a ‘resource assessment’ is completed
- It is often recommended, but not required, that the resource assessment be done at the time a spouse enters a nursing home.

Resources continued

- Resource assessments evaluate the asset values as of the first day of the first month in which one spouse entered a nursing home for a period of at least 30 days.
- The spouse in the community is allowed to keep:
  - A minimum of $22,728 * or;
  - ½ (not to exceed $ 113,640*) of the total assets of the couple
- Spousal assets are combined and evaluated for nursing home Medicaid even if spouses do not live together or are legally separated.

Questions?

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Preliminary: Prior to Billing

Verifying eligibility
Checking coverage of codes

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Verifying Eligibility:

Is this person eligible?
How will I know?

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Client ID

- Multiple Billable Numbers
  - Client Original ID
  - Client Current ID
  - Client Member ID

- Recommend Using:
  - Client Member ID
    - Also referred to as Card Number

Do not bill client member ID with two zeros in front.

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Coverage Determination

- Determine:
  - If client has a Passport provider
  - If client has TPL
  - If client has full or basic coverage
  - Other types of coverage information
    - QMB
    - SLMB
    - Medicare
    - HMK
    - PRTF

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Eligibility Verification Resources

1. Online, through the Montana Access to Health Web Portal
2. Integrated Voice Response (IVR) 1-800-714-0060
3. FaxBack, 1-800-714-0075
4. Medifax Swipe Card Technology
5. Call Provider Relations, 1-800-624-3958

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Montana Access to Health Web Portal

- www.mtmedicaid.org
- Created by Xerox in conjunction with DPHHS
- Montana Health Care Programs related information

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Montana Access to Health Web Portal

- Active providers
- Appropriate forms available from the website www.mtmedicaid.org
- Secure website

mt.gov
Montana's Official State Website

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Montana Access to Health Web Portal

Montana Access to Health Web Portal Home Page

Navigate to any of the functions in the Web portal by clicking the following links or by using the top navigation bar. For information about each function, click the corresponding column header. Click on 'My Profile,' located in the 'My Access' section, to display your current Montana Access to Health Web Portal profile. You will be able to perform only those tasks allowed by the user privileges assigned to you.

Site Contents

Inquiries	Submissions	Retrievals	Manage Users	My Access
Eligibility	Upload Files	View/Download Files	Add New User to Organization	My Profile
Claim tatus		View e!SOR Reports	Add Existing User to Organization	Change Organization
Pro ment Summary		My Inbox	Update or Remove Users/Reset Password	Change Password
Claims- Medical History			Manage Submitter IDs	Manage Proxies
Electronic He Record				
Ask Provider Relations				
Provider Locator				

ATTENTION PROVIDERS: The Electronic Health Record link has been added to allow you to view your patients' claims medical history. If you need this access and do not have it, please contact your office administrator. E-prescribing is now available. Please contact your office administrator to add prescribing rights to your user account.

You've logged into the organization displayed under the navigation bar on the right. This organization will be used to determine the Provider Number and Submitter IDs you can use for your transactions (i.e., Inquiries, Submissions and Retrievals). To change this organization, click 'Change Organization' and follow the instructions.

mt.gov
Montana's Official State Website

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Montana Access to Health Web Portal

Eligibility Inquiry

To submit an Eligibility Inquiry on a specific client, select a Provider Number, enter a Date of Service, complete one of the following criteria sets and click 'Submit.' If your inquiry returns more than one client, you will be asked to check your information and/or enter a different set of information.

* *denotes required field(s)*

* NPI or Provider Number: 1110928

* Date of Service: mm 02 dd 15 ccyy 2011

* Client Information:

Client ID: 123456789

or

Last Name:

First Name: M.I.:

Date of Birth: mm dd ccyy

Submit  Clear Fields

Note:

- The Eligibility Response will not indicate retroactive eligibility.

Eligibility Inquiry Confirmation

If this is the client you wish to inquire on, click 'View Client Eligibility.'

Client Original ID:	123456789
Name:	John Doe
Date of Birth:	01/01/1980
Gender Code:	M: Male

Back to Eligibility Inquiry | View Client Eligibility

Eligibility Inquiry Response

Client Demographic Information

Client Original ID:	123456789	NPI or Provider ID:	1234567899
Client Current ID:	001111111	Date of Service:	02/15/2011
Client Member ID:	1111111	Valid Request Indicator:	
Name:	John Doe	Reject Reason Code:	
Address:	123 Main St	Follow-up Action Code:	
	Waterside		
City:		Date of Death:	
County Code:	25	Trace Number:	210000000100000000T
State:	MT		
Zip Code:	599990000		
Date of Birth:	01/01/1980		
Gender Code:	M: Male		

Eligibility Spans

About HMK/HMKPlus

Service Type Code	Insurance Type Code	Payer Name	Plan Coverage Description	Eligibility Effective Date	Eligibility End Date
30: Health Benefit Plan Coverage	MC: Medicaid	Medicaid/HMKPlus	Full Coverage	09/01/2005	02/28/2011

Managed Care Information

Plan Coverage Description	Plan/PCP Name	Plan/PCP Phone Number	Begin Date	End Date
PASSPORT Provider	ST PETERS MEDICAL OFFICE BLDING	4064574180	04/01/2009	03/31/2011

Information Source Data

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Integrated Voice Response

- 1-800-714-0060
- Verbal verification
- Press 1 to search by client SSN.
- Press 2 to search by client card number.
- Access one client at a time.
  - Multiple clients within phone call

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FaxBack Facts

- 1-800-714-0075
- Response within 10 minutes
- Paper verification

MONTANA HEALTHCARE PROGRAMS ELIGIBILITY VERIFICATION SYSTEM
FAXBACK REQUEST RESPONSE

Provider Services Phone:	1-800-624-3958
Total Pages Transmitted:	2
To:	ACS
Provider ID/NPI:	1110889
Provider Phone:	0000000000
Provider Fax:	4064422819

Input Information

Client ID:	11133111	**Date of Birth:**	10292009
Date of Service:	01172012	**Card Control Number:**	

Transaction Response

Audit No.:	201201712484952FM	**Client Name:**	DOE, JOHN
Mcaid/HMKPlus:	Y	**Card Control Number:**	1132111
Client Gender:	M	**Date of Birth:**	10292009
Date of Death:	00000000		
Original ID:	0011311	**Current ID:**	11133111
HMK/CHIP:	N		
Medicare #:	0000000000	**Part-A/B:**	N/N
No. of TPLs:	01	**Nursing-Home:**	N
Incurment Day:		**Waiver:**	N

Benefit Summary (includes Managed Care, QMB, and Team Care)

The Child is eligible for Healthy Montana Kids Plus. Is not eligible for the Medicare savings program. The Client is not responsible for an incurment amount. The Client is on Passport to Health. The Client has third party insurance coverage.

MHSP Eligible: N

Passport: Y

Team Care: N

PCP Provider: GLACIER MEDICAL ASSOCIATES **Phone #:** 4068622515

Restricted Pharmacy: N

Pharm Name: NAME NOT FOUND **Phone #:**

MONTANA HEALTHCARE PROGRAMS ELIGIBILITY VERIFICATION SYSTEM
FAXBACK REQUEST RESPONSE

Provider Services Phone:	1-800-624-3958
Total Pages Transmitted:	2
To:	ACS
Provider ID/NPI:	1110889
Provider Phone:	0000000000
Provider Fax:	4064422819

Input Information

Client ID:	[illegible]	**Date of Birth:**	10292009
Date of Service:	01172012	**Card Control Number:**	

Transaction Response

Audit No.:	201201712484952FM	**Client Name:**	DOE, JOHN
Mcaid/HMKPlus:	Y	**Card Control Number:**	[illegible]
Client Gender:	M	**Date of Birth:**	10292009
Date of Death:	00000000		
Original ID:	[illegible]	**Current ID:**	[illegible]
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Provider Fax:	4064422819

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Date of Service:	01172012	**Card Control Number:**	

Transaction Response

Audit No.:	201201712484952FM	**Client Name:**	DOE, JOHN
Mcaid/HMKPlus:	Y	**Card Control Number:**	1132111
Client Gender:	M	**Date of Birth:**	10292009
Date of Death:	00000000		
Original ID:	00111311	**Current ID:**	111331111
HMK/CHIP:	N		
Medicare #:	0000000000	**Part-A/B:**	N/N
No. of TPLs:	01	**Nursing-Home:**	N
Incurment Day:		**Waiver:**	N

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Provider ID/NPI:	1110889
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Input Information

Client ID:	1113311	**Date of Birth:**	10292009
Date of Service:	01172012	**Card Control Number:**	

Transaction Response

Audit No.:	201201712484952FM	**Client Name:**	DOE, JOHN
Mcaid/HMKPlus:	Y	**Card Control Number:**	113211
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Date of Death:	00000000		
Original ID:	0011311	**Current ID:**	1113311
HMK/CHIP:	N		
Medicare #:	0000000000	**Part-A/B:**	N/N
No. of TPLs:	01	**Nursing-Home:**	N
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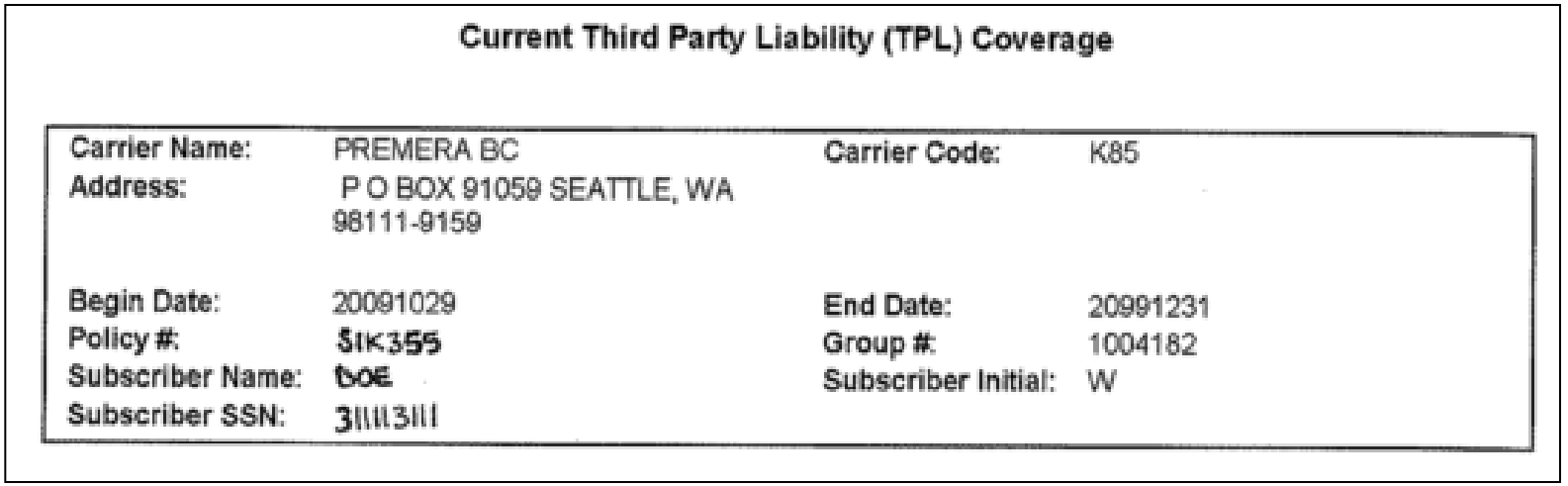

Current Third Party Liability (TPL) Coverage

Carrier Name:	PREMERA BC	**Carrier Code:**	K85
Address:	P O BOX 91059 SEATTLE, WA 98111-9159		
Begin Date:	20091029	**End Date:**	20991231
Policy #:	$1K355	**Group #:**	1004182
Subscriber Name:	DOE	**Subscriber Initial:**	W
Subscriber SSN:	3|||3|||		

Page 2 displays:

- TPL information

Using Medifax Services

Swipe technology – magnetic stripe reader

- Available 24/7
- Paper documentation of eligibility and associated information
- Batch capability useful for providers with large caseloads
- Charges associated with use include transaction fees and monthly fees

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Provider Relations

Contacting Provider Relations

- 1-800-624-3958 or 406-442-1837
- Hours 8 a.m. until 5 p.m. Mountain Time
- Monday thru Friday

Other Things to Verify

Coverage of Codes

- Fee Schedule
  - Can be found at www.mtmedicaid.org
  - Resources by Provider Type
  - What you will see
    - Definitions
    - Code descriptions
    - Effective date
    - Method of fee calculation

Coverage of Codes, cont'd

- Allowed Amounts
- Global days for surgical codes
- PA
- Multiple surgery rules apply
- Bilateral rules apply
- Assistant
- Co-surgeon
- Team
- Policy adjustor


Questions?

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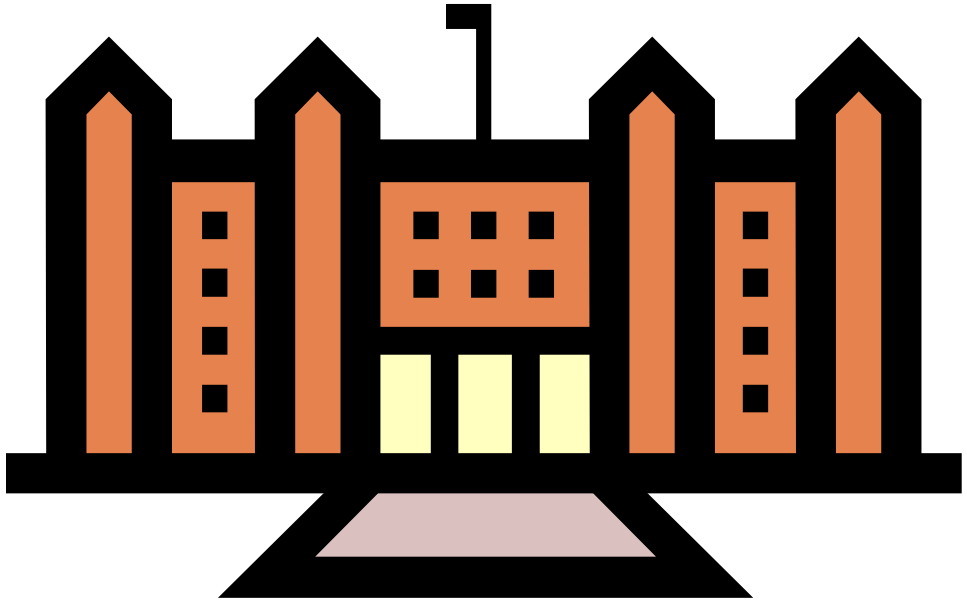
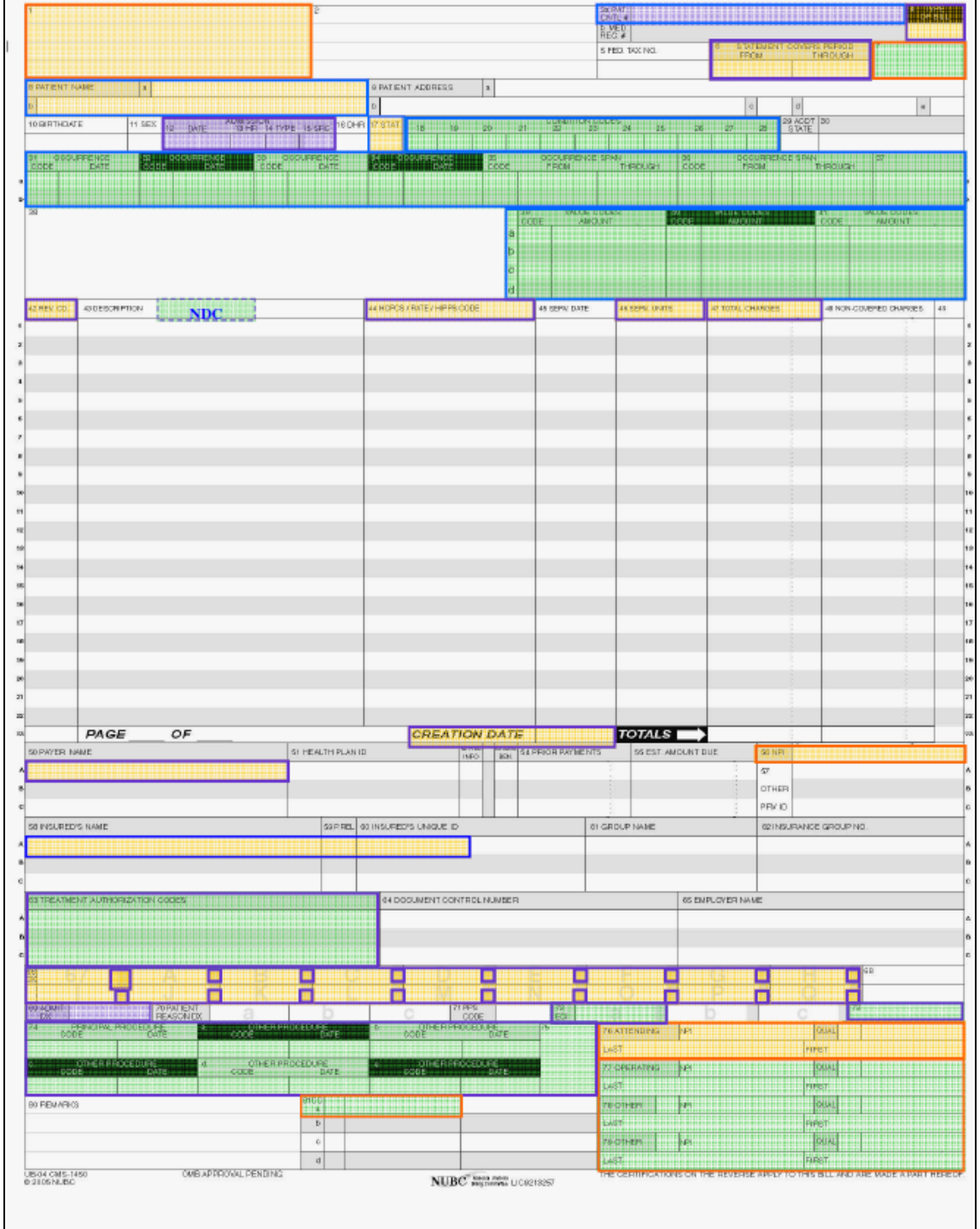
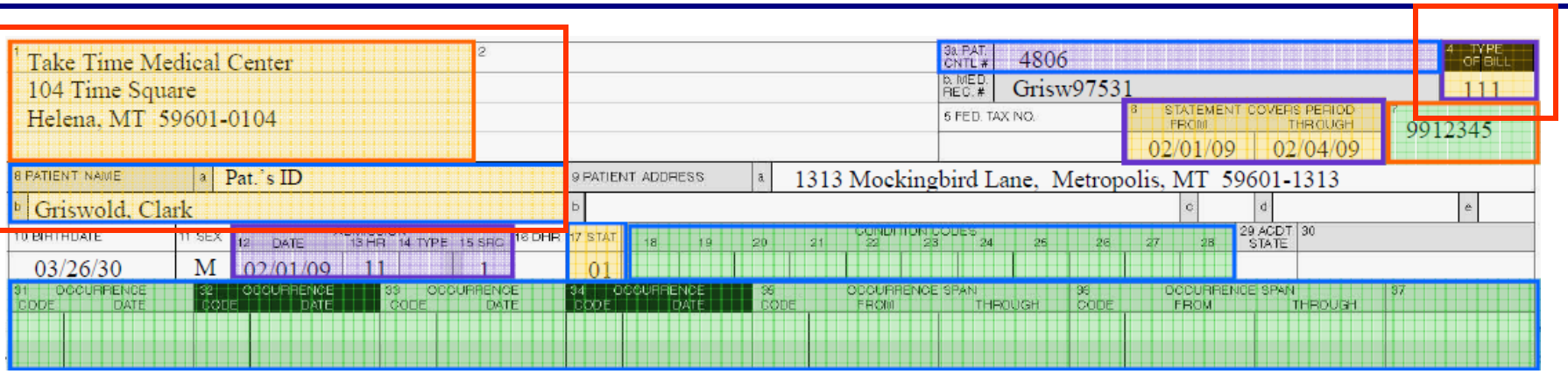
UB-04:
The Institutional Claim




NDC
PAGE OF
CREATION DATE
TOTALS
OMB APPROVAL PENDING
NUBC

UB-04 (Top)



Zip + 4 (Required)

Form Locator 01

Loop 2010AA, Segment N4, Data Element 03

Patient Control Number

Form Locator 3a

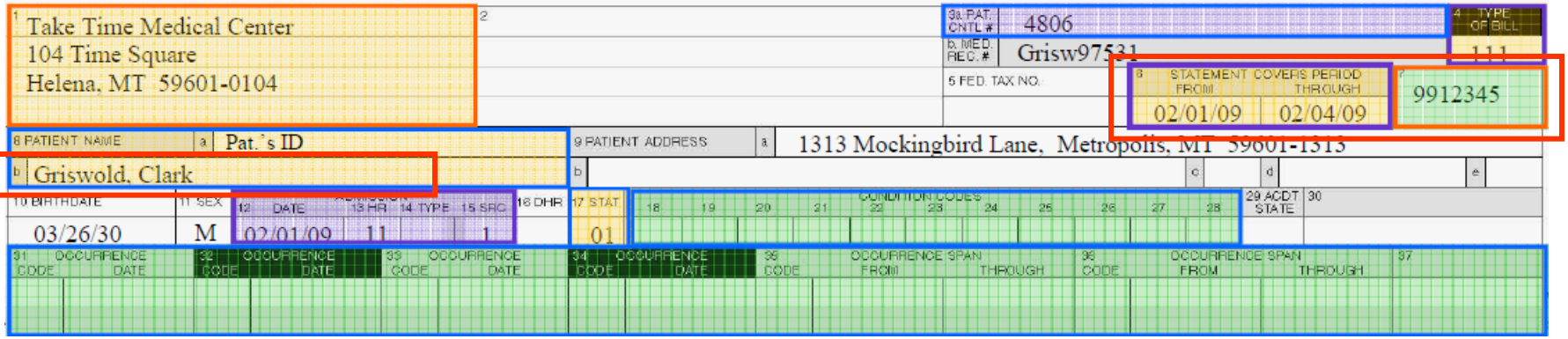
Loop 2300, Segment CLM, Data Element 01

Type of Bill

Form Locator 4

Loop 2300, Segment CLM, Data Element 05-1 (Facility Type Code) and 05-3 (Claim Frequency Type Code)

UB-04 (Top)

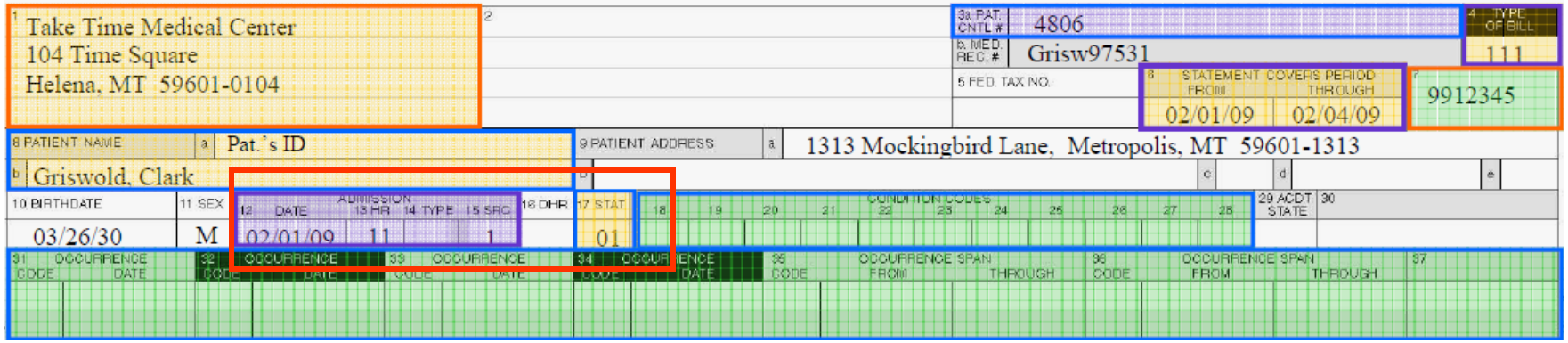


Header Date of Service
(Statement Cover Period)
Form Locator 6
Loop 2300, Segment DTP Statement Dates, Data Element 03

Passport Number / Exemption
Form Locator 7
Loop 2300, Segment REF Referral Number, Data Element 02

Client Name
Form Locator 8a or 8b
Loop 2010BA, Segment NM1, Data Element 03 (Last Name), 04 (First Name) and 05 (Middle Name)

UB-04 (Top)



Admit Date

Form Locator 12

Loop 2300, Segment DTP Admission Date/Hour, Data Element 03

Admit Hour

Form Locator 13

Loop 2300, Segment DTP Admission Date/Hour, Data Element 03

Admit Type

Form Locator 14

Loop 2300, Segment CL1 Institutional Claim Code, Data Element 01

Admit Source

Form Locator 15

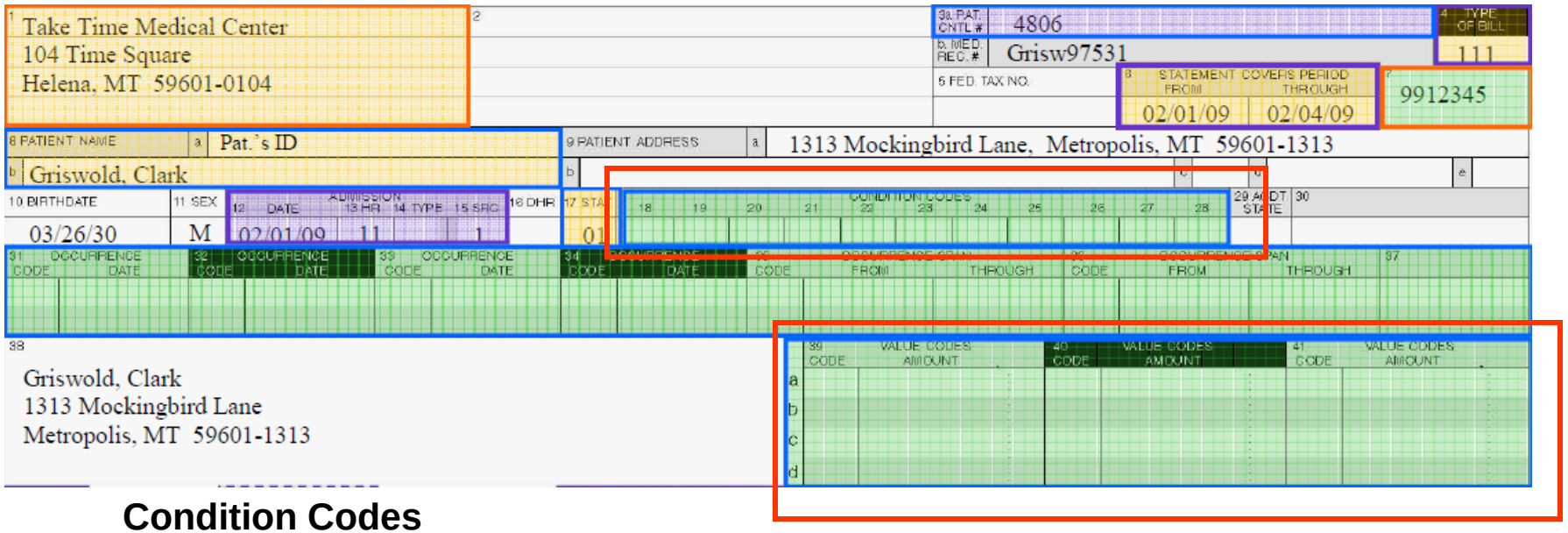
Loop 2300, Segment CL1 Institutional Claim Code, Data Element 02

Discharge Status

Form Locator 17

Loop 2300, Segment CL1 Institutional Claim Code, Data Element 03

UB-04 (Top Half)



Condition Codes

Form Locators 18-28
A4 = Family Planning
B3 = Pregnancy
Pregnancy: Loop 2300 Segment HI Condition Information,
Data Element HI01-2 thru HI12-2
Family Planning: Loop 2300, Segment HI Condition Information,
Data Element HI01-2 thru HI12-2

Value Codes

Form Locators 39-41
A1 = Medicare Deductible
A2 = Medicare Co-insurance
Loop 2300, Segment HI Value Information, Data Element HI01-2 thru HI12-2

UB-04 (Midsection)

42 REV. CD.	43 DESCRIPTION	NDC	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
120	Room and Board				4	3200 00		
259	Other Pharmacy N4 00026064871 GR 150				1	620 00		
270	General Class Medical/Surgical Supplies				110	583 00		
300	General Class Laboratory				4	500 00		

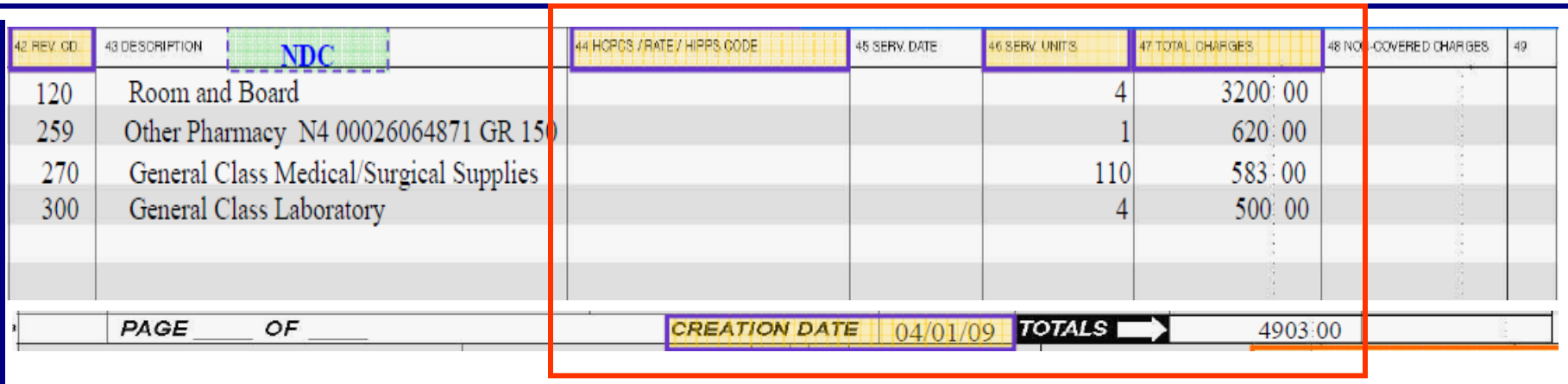
Revenue Code
Form Locator 42
Loop 2400, Segment SV2, Data Element 01
Data is required for any physician administered injectable drug (outpatient claims)
Form Locator 43
Loop 2410, Segment LIN, Data Element 03
Data Element 02 Qualifier N4
Prescription Number
Loop 2410, Segment REF, Data Element 02
NDC Units
Loop 2410, Segment CTP, Data Element 05-1 (Qualifier)

Qualifiers

F2	International Unit
GR	Gram
ME	Milligram
ML	Milliliter
UN	Unit

Quantity
Loop 2410, Segment CTP, Data Element 04 (Quantity)

UB-04 (Midsection)



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300	General Class Laboratory				4	500 00		

PAGE ____ OF ____ CREATION DATE 04/01/09 TOTALS 4903 00

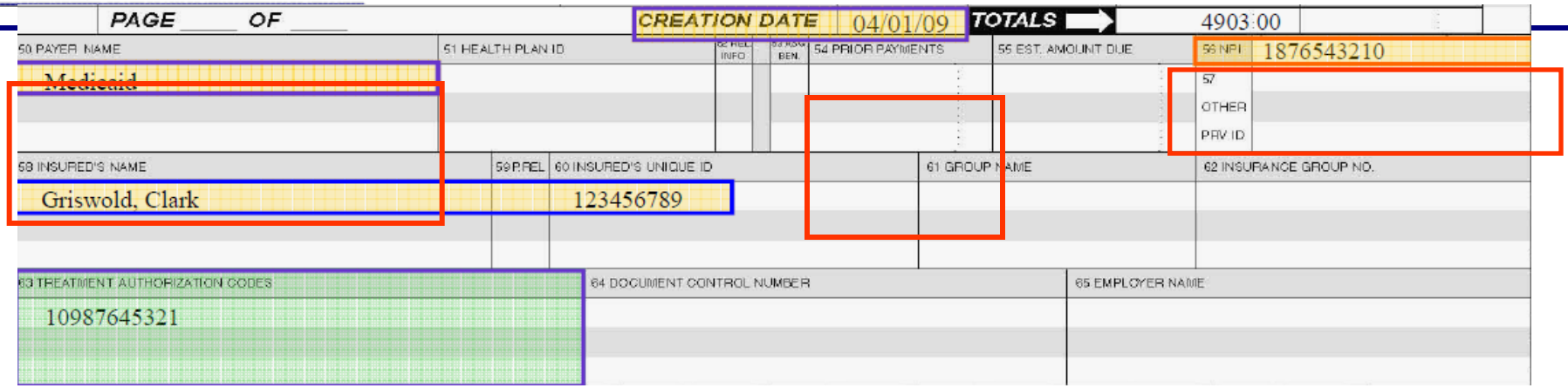
CPT/HCPCS Code (outpatient)
- Form Locator 44
- Loop 2400, Segment SV2, Data Element 02-2

Line Level Date of Service (outpatient)
- Form Locator 45
- Line 23 = Bill Date
- Loop 2400, Segment DTP, Data Element 03

Units
- Form Locator 46
- Loop 2400, Segment SV2, Data Element 05

Line Level Charges
- Form Locator 47
- Loop 2400, Segment SV2, Data Element 03

UB-04 (Midsection)



Other Payer Names

Form Locator 50

Loop 2320, Segment SBR Other Subscriber Information, Data Element 04

TPL/Medicare Payment

Form Locator 54

Loop 2320 (header) , Segment AMT Coordination of Benefits (COB) Payer Paid Amount, Data Element 02

Medicare Co-Insurance:

Loop 2320 (header) or 2430 (line), Segment CAS, Data Elements 03, 06, 09, 12, 15 and 18 (Amount)

Data Elements 02, 05, 08, 11, 14 and 17 Claim Adjust Reason (Value of 2)

Medicare Deductible:

Loop 2320 (header) or 2430 (line), Segment CAS, Data Elements 03, 06, 09, 12, 15 and 18 (Amount)

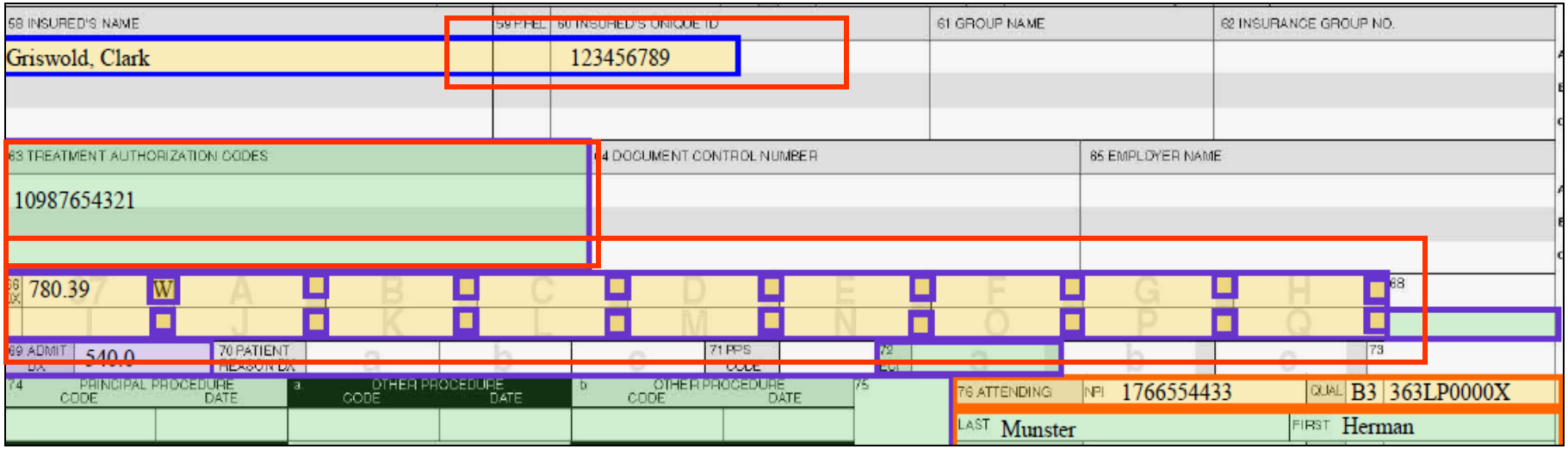
Data Elements 02, 05, 08, 11, 14 and 17 Claim Adjust Reason (Value of 1)

Billing Provider NPI

Form Locator 56

Loop 2010AA, Segment NM1, Data Element 09

UB-04 (Bottom)



Client ID Number

Form Locator 60

Loop 2010BA, Segment NM1, Data Element 09

Prior Authorization

Form Locator 63

Loop 2300, Segment REF Prior Authorization, Data Element 02

Diagnosis Codes

Form Locator 66,67; A-Q

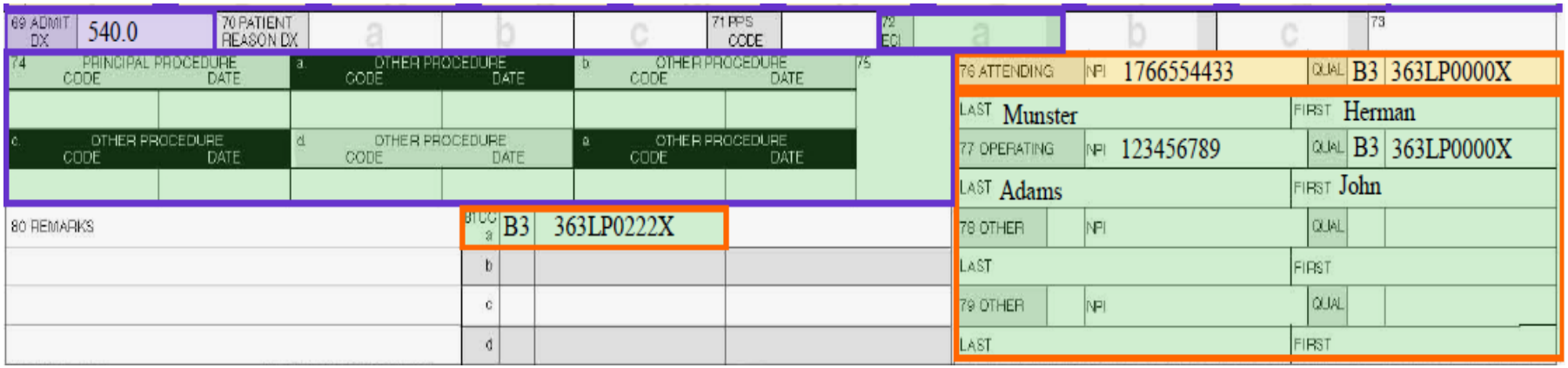
Loop 2300, Segment HI Principal Diagnosis and HI Other Diagnosis Information, Data Element 01-2

POA

Form Locator 67; small gray box A-Q

Loop 2300, Segment HI Principal Diagnosis, Data Element 01-9 and HI Other Diagnosis Information, Data Element 01-9 thru 12-9

UB-04 (Bottom)



Admit Diagnosis

Form Locator 69

Loop 2300, Segment HI Admitting Diagnosis, Data Element 01-2

Cost Share Indicator

Form Locator 73

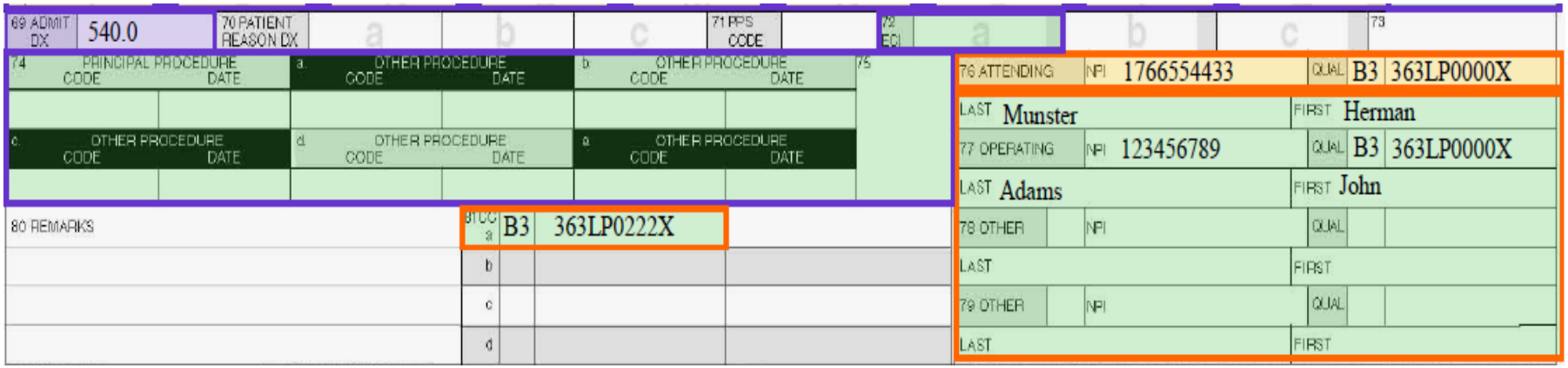
Loop 2300 Segment HI Condition Information, Data Element HI01-2 thru HI12-2 (A4 Family Planning or B3 Pregnancy)

ICD-9 Surgical Procedures and Dates (Inpatient Claims)

Form Locator 74a-e

Loop 2300, Segment HI Principal Procedure Information and HI Other Procedure Information, Data Element 01-2 (Procedure) and 01-4 (Date)

UB-04 (Bottom)



Attending Provider

Form Locator 76

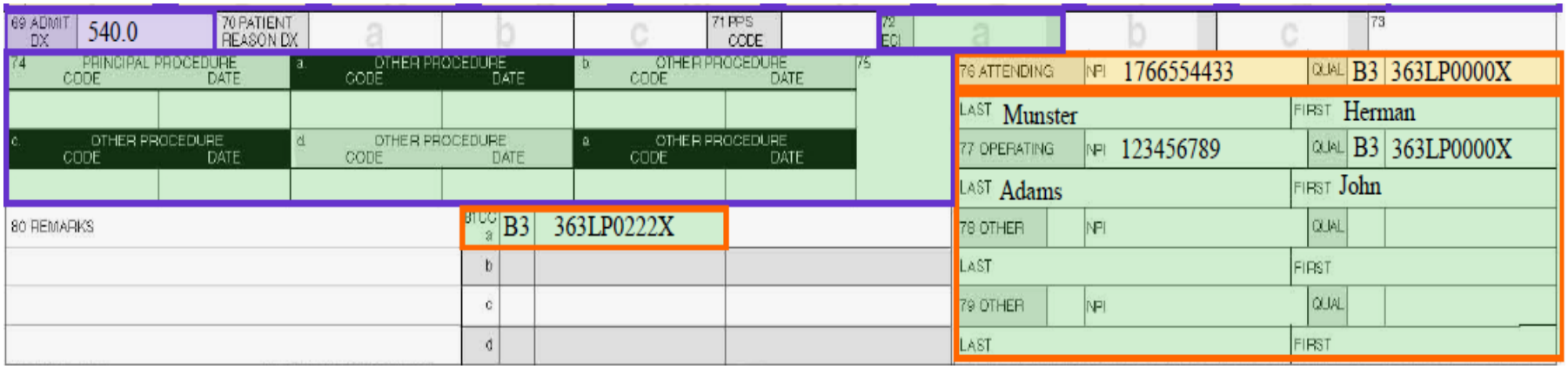
Loop 2310A, Segment NM109, Data Element 09 (If sent, must be provider's NPI.)

Attending Provider Taxonomy (Claim Level)

Loop 2310A, Segment PRV, Data Element 03

Attending provider information must be sent in the header loop/segment on the 837I in order to be accepted into the MMIS.

UB-04 (Bottom)



Operating Provider

Form Locator 77

Loop 2310B, Segment NM1, Data Element 09 (If sent, must be provider's NPI.)

Other Operating Provider

Form Locator 78-79

Loop 2310C, Segment NM1, Data Element 09 (If sent, must be provider's NPI.)

Billing Provider Taxonomy Codes

Qualifier = B3 (UB-04) and PXC (837I)

Form Locators 81CCa-d

Loop 2000A, Segment PRV, Data Element 03

Operating provider and other operating provider information must be sent in the header loop and segment on the 837I in order to be accepted into the MMIS.


Questions?

MONTANA
Department of Public Health & Human Services

Professional Claims: CMS-1500

1. MEDICARE ☐ (Medicare #) MEDICAID ☐ (Medicaid #) TRICARE CHAMPUS ☐ (Sponsor's SSN) CHAMPVA ☐ (Member ID#) GROUP HEALTH PLAN ☐ (SSN or ID) FECA BLK LUNG ☐ (SSN) OTHER ☐ (ID)

1a. INSURED'S I.D. NUMBER (For Program in Item 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE MM DD YY SEX M ☐ F ☐

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED Self ☐ Spouse ☐ Child ☐ Other ☐

7. INSURED'S ADDRESS (No., Street)

CITY | STATE

8. PATIENT STATUS Single ☐ Married ☐ Other ☐ Employed ☐ Full-Time Student ☐ Part-Time Student ☐

CITY | STATE

ZIP CODE | TELEPHONE (Include Area Code) ( )

ZIP CODE | TELEPHONE (Include Area Code) ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) YES ☐ NO ☐

a. INSURED'S DATE OF BIRTH MM DD YY SEX M ☐ F ☐

b. OTHER INSURED'S DATE OF BIRTH MM DD YY SEX M ☐ F ☐

b. AUTO ACCIDENT? YES ☐ NO ☐ PLACE (State)

b. EMPLOYER'S NAME OR SCHOOL NAME

c. EMPLOYER'S NAME OR SCHOOL NAME

c. OTHER ACCIDENT? YES ☐ NO ☐

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. RESERVED FOR LOCAL USE

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES ☐ NO ☐ If yes, return to and complete item 9 a-d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED _____ DATE _____

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED _____

14. DATE OF CURRENT: MM DD YY ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP)

15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO MM DD YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a.

17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO MM DD YY

19. RESERVED FOR LOCAL USE

20. OUTSIDE LAB? YES ☐ NO ☐ $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)

1.

2.

3.

4.

22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF service	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
										NPI	
										NPI	
										NPI	
										NPI	
										NPI	
										NPI	
										NPI	

25. FEDERAL TAX I.D. NUMBER SSN ☐ EIN ☐

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES ☐ NO ☐

28. TOTAL CHARGE $

29. AMOUNT PAID $

30. BALANCE DUE $

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

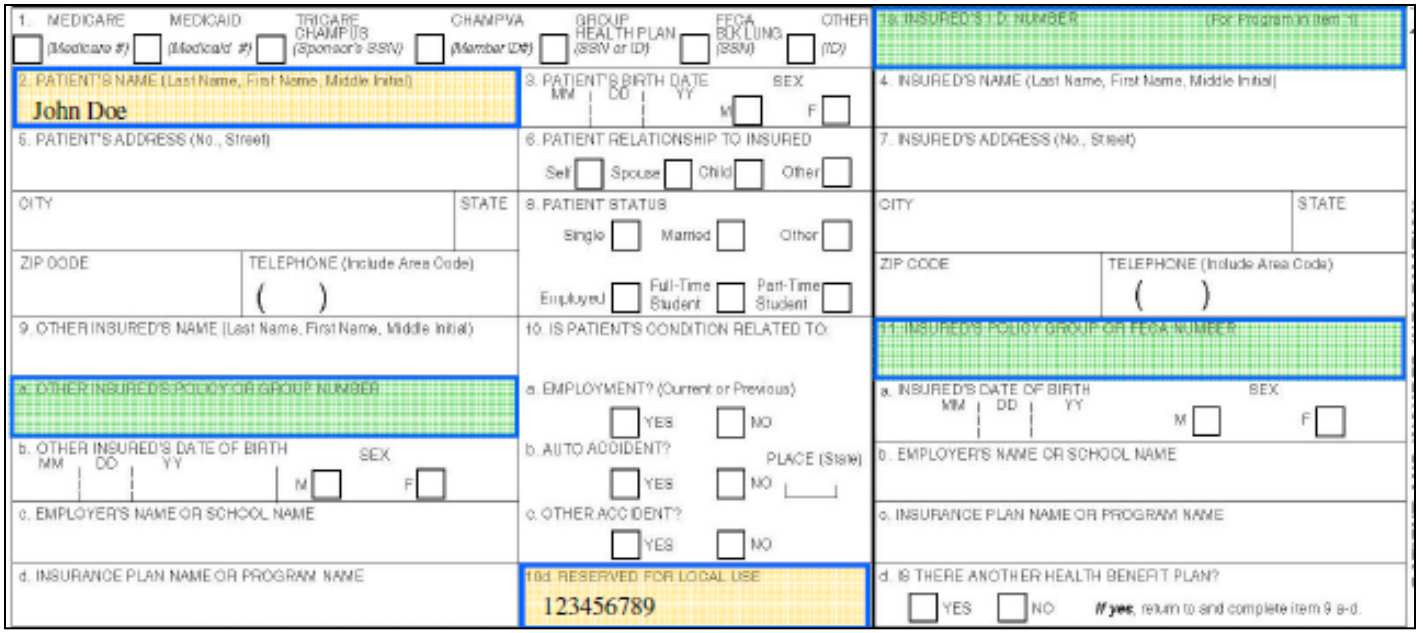
SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION

a NPI b

33. BILLING PROVIDER INFO & PH # ( )

a NPI b



Client Name

Field 2

Last Name: Loop 2010BA, Segment NM1, Data Element 03

First Name: Loop 2010BA, Segment NM1, Data Element 04

Client ID:

Field 10d

Field 1a

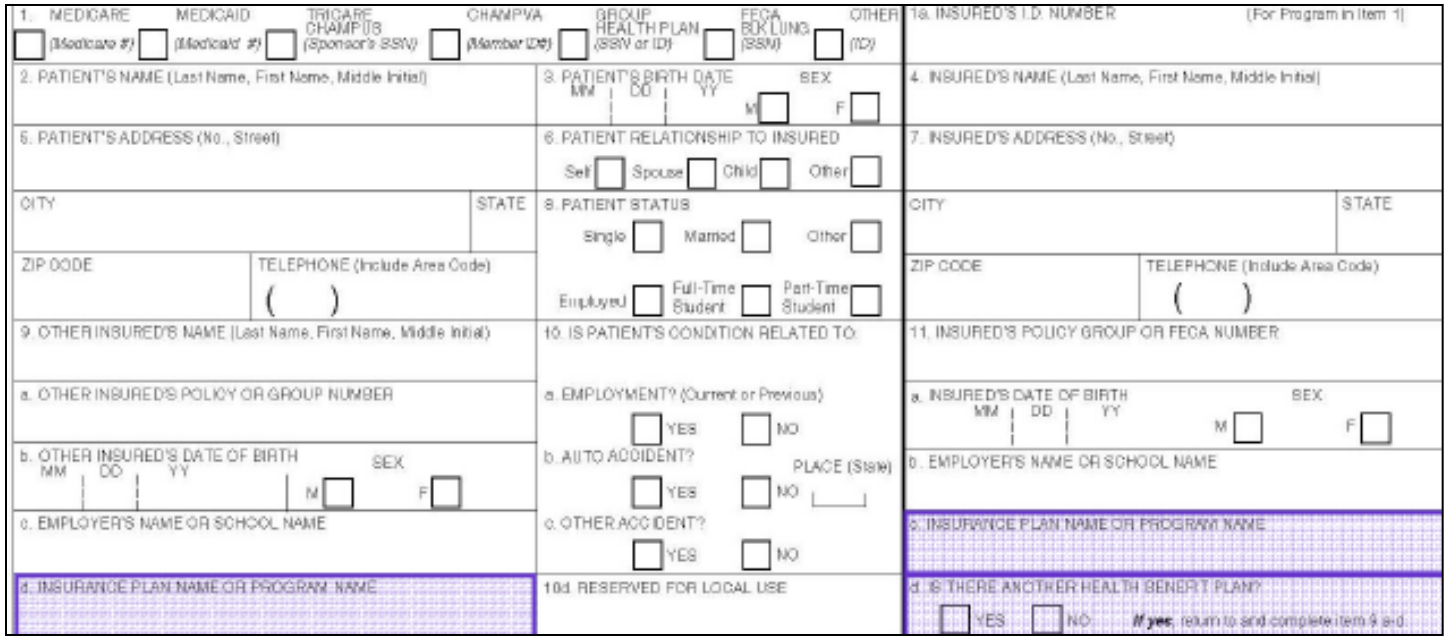
Field 9a

Field 11a

Loop 2010BA, Segment NM1, Data Element 09

MONTANA
Department of Public Health & Human Services

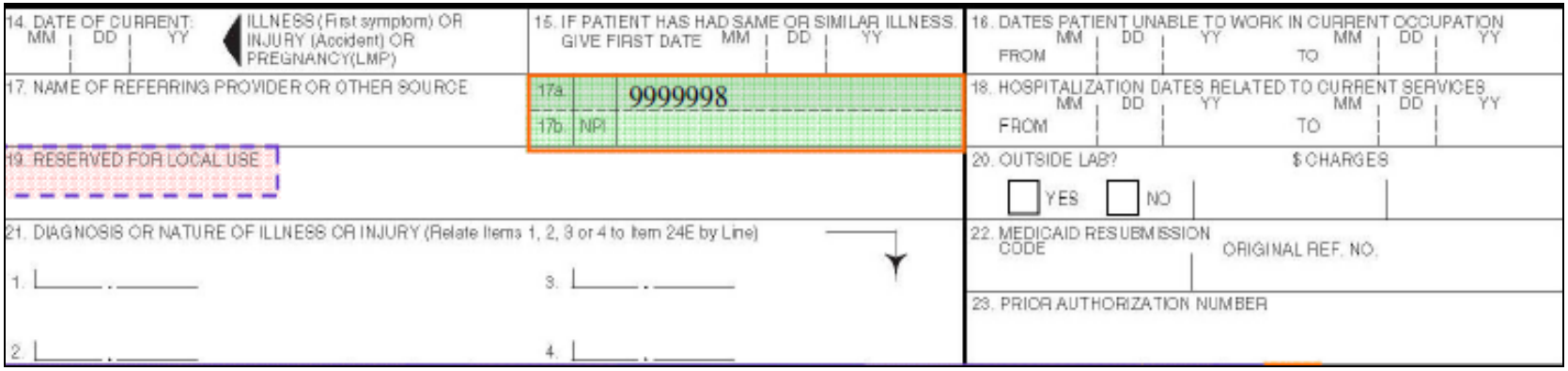
CMS-1500 (Midsection)



TPL Indicators:

Field 11c
Field 9d
Field 11d = Y
Loop 2320, Segment SBR, Data Element 09

CMS-1500 (Midsection)



Passport

Field 17a

(header)

Loop 2300, Segment REF Referral Number, Data Element 01 Qualifier = 9F

Loop 2300, Segment REF, Referral Number, Data Element 02 Passport Number

(line)

Loop 2400, Segment REF Referral Number, Data Element 01 Qualifier = 9F

Loop 2400, Segment REF Referral Number, Data Element 02 Passport Number

Referring Provider NPI

Field 17b

Loop 2310, Segment NM1, Data Element 09

For Schools CSCT, Team Number

Field 19

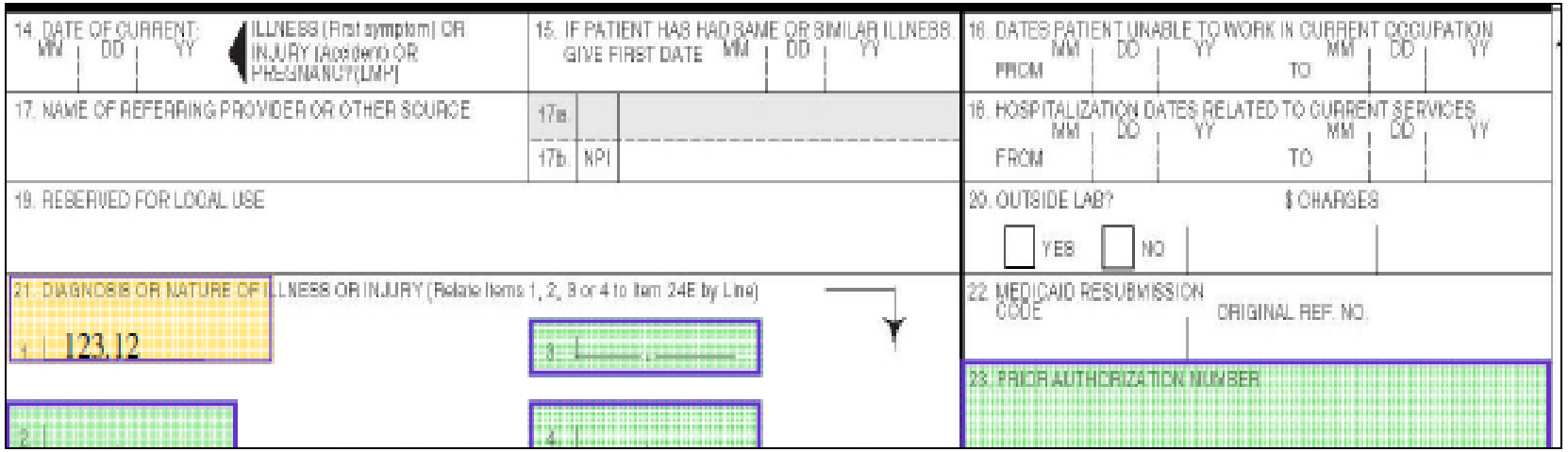
CSCT

Loop 2300, Segment NTE, Date Element 01 = ADD,

Team Number

Loop 2300, Segment NTE, Data Element 02 = Team Number

CMS-1500 (Midsection)



Diagnosis Codes

Field 21

Loop 2300, Segment HI Health Care Diagnosis Code, Data Element 01-2 thru 12-2 (Montana Health Care Programs only accepts the first 4 values)

Prior Authorization Number

Field 23

(header)

Loop 2300, Segment REF Prior Authorization, Data Element 01 Qualifier = G1

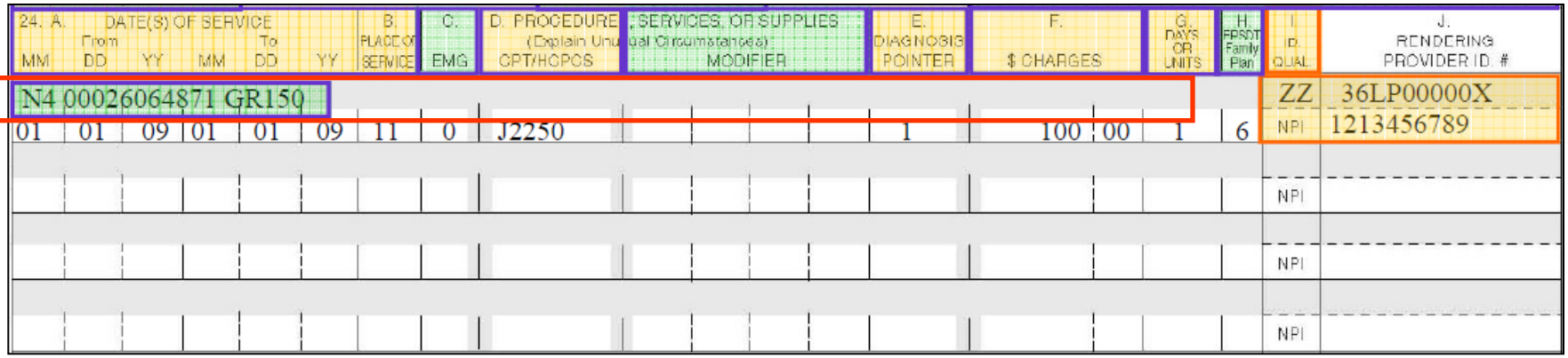
Loop 2300, Segment REF Prior Authorization, Data Element 02 Prior Auth #

(line)

Loop 2400, Segment REF Prior Authorization, Data Element 01 Qualifier = G1

Loop 2400, Segment REF Prior Authorization, Data Element 02 Prior Auth #

CMS-1500 (Midsection)



24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURE (Explain Unusual Circumstances) CPT/HCPCS	SERVICES, OR SUPPLIES MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL	J. RENDERING PROVIDER ID. #
N4 00026064871 GR150														ZZ	36LP00000X
01	01	09	01	01	09	11	0	J2250		1	100	00	1	6 NPI	1213456789
														NPI	
														NPI	
														NPI	

NDC (National Drug Code)

Shaded area above each line on which a physician-administered injectable drug is billed:

Loop 2410, Segment LIN, Data Element 03 (Data Element 02 Qualifier N4)

NDC Units Qualifier

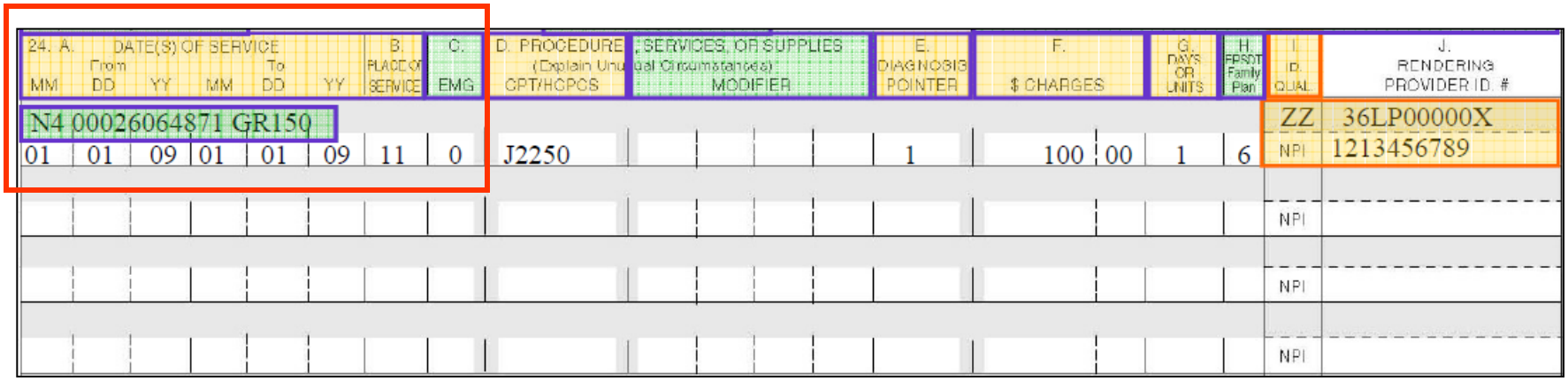
Loop 2410, Segment CTP, Data Element 05-1

- F2 – International Unit
- GR – Gram
- ME – Milligram
- ML – Milliliter
- UN – Unit

NDC Units – as defined by qualifier

Loop 2410, Segment CTP, Data Element 04

CMS-1500 (Midsection)



24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURE (Explain Unusual Circumstances) CPT/HCPCS	SERVICES, OR SUPPLIES MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL	J. RENDERING PROVIDER ID. #
N4 00026064871 GR150														ZZ	36LP00000X
01	01	09	01	01	09	11	0	J2250		1	100	00	1	6	NPI 1213456789
															NPI
															NPI
															NPI

Dates of Service

Field 24A

Loop 2400, Segment DTP Date – Service Date, Data Element 03

Place of Service

Field 24B

Loop 2300, Segment CLM, Data Element 05-1 (Header)

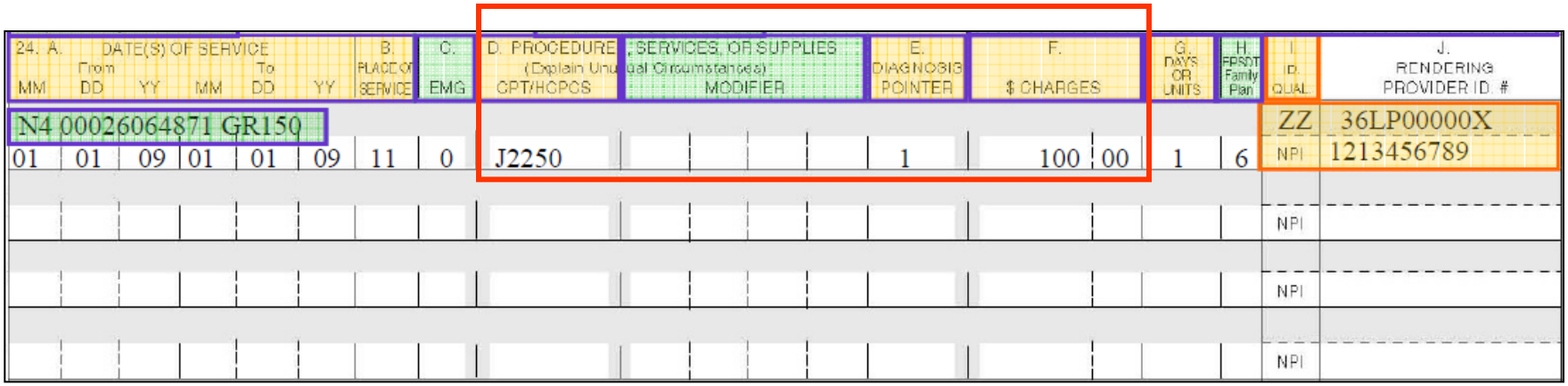
Loop 2400, Segment SV1, Data Element 05 (Line)

Emergency Indicator

Field 24C

Loop 2400, Segment SV1, Data Element 09

CMS-1500 (Midsection)



24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
N4 00026064871 GR150														ZZ	36LP00000X
01	01	09	01	01	09	11	0	J2250		1	100 00	1	6	NPI	1213456789
														NPI	
														NPI	
														NPI	

CPT/HCPCS/Modifiers

Field 24D

Loop 2400, Segment SV1, Data Element 01-2 (Procedure Code)

Loop 2400, Segment SV1, Data Element 01-4, 01-5, and 01-6

Diagnosis Pointer

Field 24E

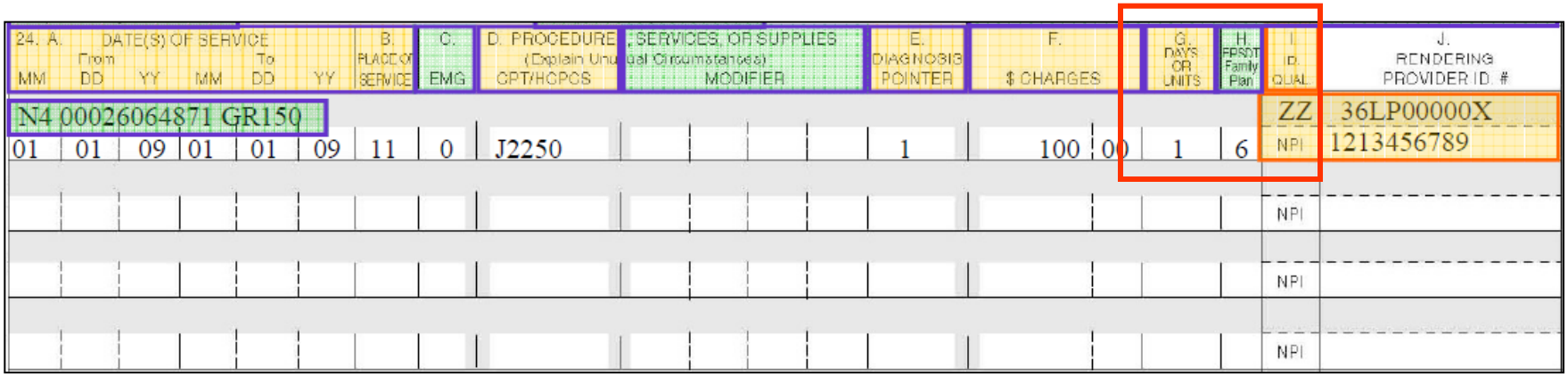
Loop 2400, Segment SV1, Data Element 07-1 thru 07-4

Charges

Field 24F

Loop 2400, Segment SV1, Data Element 02

CMS-1500 (Midsection)



24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURE (Explain Unusual Circumstances) CPT/HCPCS	SERVICES, OR SUPPLIES MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
N4 00026064871 GR150														ZZ	36LP00000X
01	01	09	01	01	09	11	0	J2250		1	100 00	1	6	NPI	1213456789
														NPI	
														NPI	
														NPI	

Days or Units

Field 24G

Loop 2400, Segment SV1, Data Element 03 (Qualifier)

Loop 2400, Segment SV1, Data Element 04 (Quantity)

EPSDT/Family Planning

Field 24H

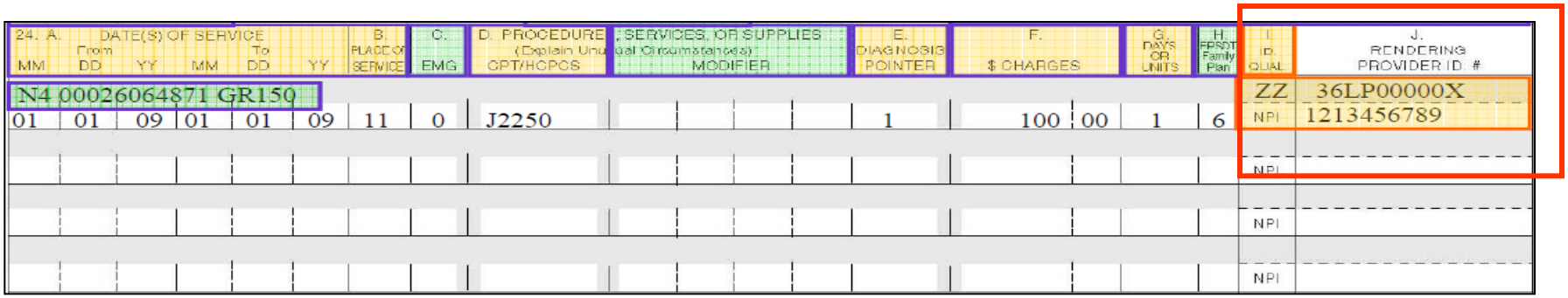
EPSDT:

Loop 2400, Segment SV111 Value of Y

Family Planning:

Loop 2400, Segment SV112 Value of Y

CMS-1500 (Midsection)



24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURE (Explain Unusual Circumstances) CPT/HCPCS	SERVICES, OR SUPPLIES MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
N4 00026064871 GR150														ZZ	36LP00000X
01	01	09	01	01	09	11	0	J2250		1	100	00	1	6	NPI 1213456789
															NPI
															NPI
															NPI

Rendering NPI:

Field 24I Qualifier G2 for atypical providers
Loop 2310B, Segment NM1, Data Element 08 Qualifier XX
Loop 2310B, Segment NM1, Data Element 09 (Claim Level NPI)
Loop 2420A, Segment NM1, Data Element 08 Qualifier XX
Loop 2420A, Segment NM1, Data Element 09 (Line Level NPI)
Loop 2310B, Segment REF, Data Element 01 Qualifier G2 (Atypical)
Loop 2310B, Segment REF, Data Element 02 PID (Atypical)
Loop 2420A, Segment REF, Data Element 01 Qualifier G2 (Atypical)

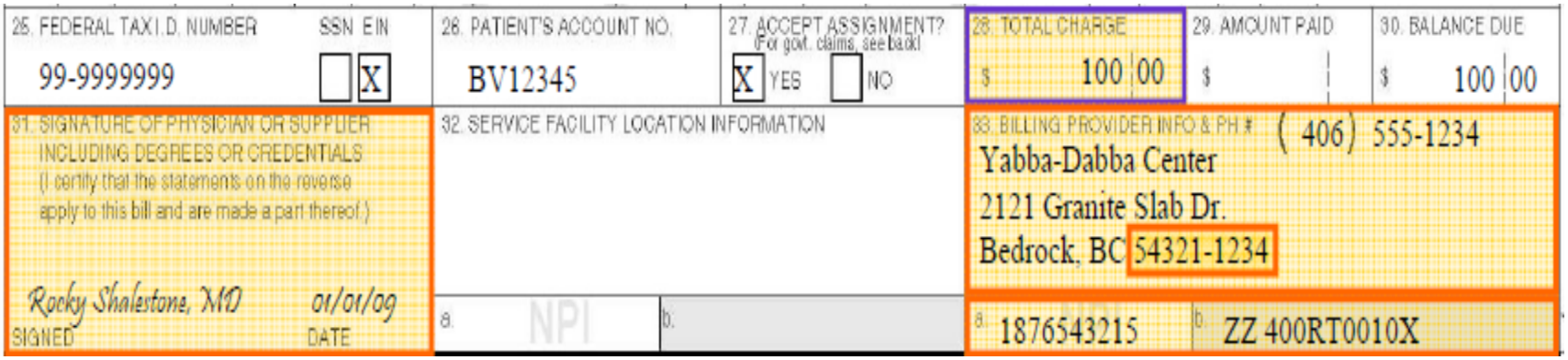
Rendering Taxonomy:

Field 24J (shaded area) **Qualifier ZZ**
Loop 2310B, Segment PRV, Data Element 02 (Qualifier PXC)
Loop 2310B, Segment PRV, Data Element 03 (Claim Level)
Loop 2420A, Segment PRV, Data Element 02 (Qualifier PXC)
Loop 2420A, Segment PRV, Data Element 03 (Line Level)

Rendering Zip:

Loop 2310C, Segment N4, Data Element 03 (Claim Level)

CMS-1500 (Bottom)



25. FEDERAL TAX I.D. NUMBER	SSN	EIN	26. PATIENT'S ACCOUNT NO.	27. ACCEPT ASSIGNMENT? (For govt. claims, see back)	28. TOTAL CHARGE	29. AMOUNT PAID	30. BALANCE DUE
99-9999999		X	BV12345	X YES NO	$ 100 00	$	$ 100 00

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)	32. SERVICE FACILITY LOCATION INFORMATION	33. BILLING PROVIDER INFO & PH #
Rocky Shalestone, MD SIGNED 01/01/09 DATE	a. NPI b.	(406) 555-1234 Yabba-Dabba Center 2121 Granite Slab Dr. Bedrock, BC 54321-1234 a. 1876543215 b. ZZ 400RT0010X

Patient Account Number

Field 26

Loop 2300, Segment CLM, Data Element 01

Total Claim Charge

Field 28

Loop 2300, Segment CLM, Data 02

TPL/Medicare Payment

Field 29

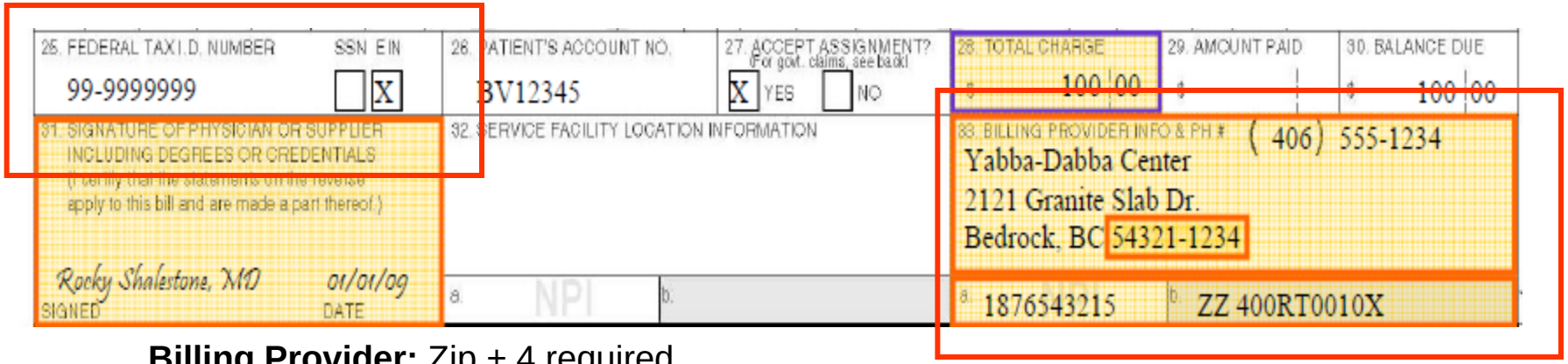
Loop 2320, Segment AMT, Data Element 02

Signature and Date

Field 31

Loop 2300, Segment CLM, Data Element 06 (signature)

CMS-1500 (Bottom)



Billing Provider: Zip + 4 required

Field 33

Loop 2010AA, Segment N4, Data Element 03

Billing Provider NPI (Healthcare Provider)

Field 33a

Loop 2010AA, Segment NM1, Data Element 09

Tax ID

Field 25

Loop 2010AA, Segment REF Billing Provider Tax Identification, Data Element 02

Taxonomy:

Field 33b Qualifier = ZZ

Loop 2000A, Segment PRV, Data Element 03 (Taxonomy)

Loop 2000A, Segment PRV, Data Element 02 (Qualifier PXC)

Atypical Provider:

Qualifier = G2 (both CMS-1500 and 837P)

Field 33b

Loop 2010BB, Segment REF Billing Provider Secondary Identification,

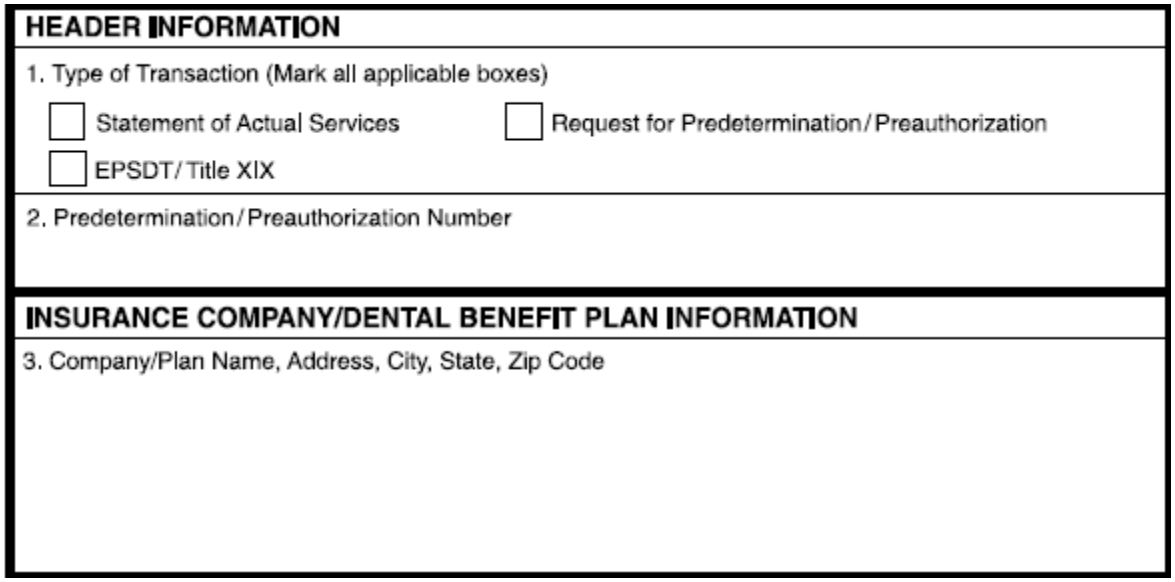
Data Element 01 Qualifier = G2, Data Element 02 PID


Questions?

MONTANA
Department of Public Health & Human Services

Dental Claims

Dental Form – Top Left



HEADER INFORMATION

1. Type of Transaction (Mark all applicable boxes)

☐ Statement of Actual Services ☐ Request for Predetermination/Preauthorization

☐ EPSDT/Title XIX

2. Predetermination/Preauthorization Number

INSURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION

3. Company/Plan Name, Address, City, State, Zip Code

Box 1

Mark appropriate box

Box 2

Prior Authorization Number

Box 3

Montana Medicaid Billing Information

MONTANA
Department of Public Health & Human Services

Dental Form – Top Left

OTHER COVERAGE		
4. Other Dental or Medical Coverage? ☐ No (Skip 5-11) ☐ Yes (Complete 5-11)		
5. Name of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffix)		
6. Date of Birth (MM/DD/CCYY)	7. Gender ☐ M ☐ F	8. Policyholder/Subscriber ID (SSN or ID#)
9. Plan/Group Number	10. Patient's Relationship to Person Named in #5 ☐ Self ☐ Spouse ☐ Dependent ☐ Other	
11. Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code		

Box 4

Other insurance coverage

Box 5

Policyholder name

Box 6

Date of birth

Box 7

Gender indicator

Box 8

Policyholder ID

Box 9

Plan/Group number

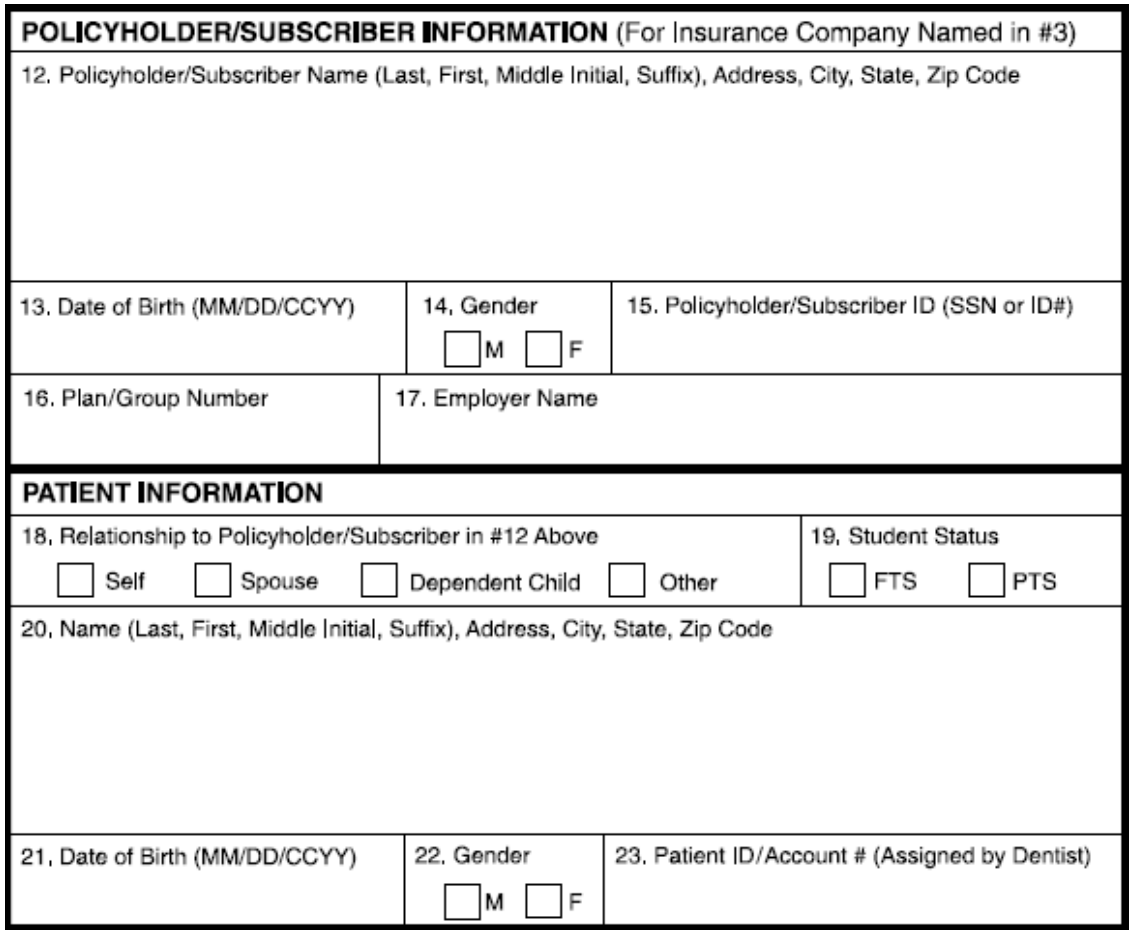
Box 10

Patient relationship to person named in #5

Box 11

Other insurance information

Dental Form – Top Right



POLICYHOLDER/SUBSCRIBER INFORMATION (For Insurance Company Named in #3)

12. Policyholder/Subscriber Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code

13. Date of Birth (MM/DD/CCYY) | 14. Gender ☐ M ☐ F | 15. Policyholder/Subscriber ID (SSN or ID#)

16. Plan/Group Number | 17. Employer Name

PATIENT INFORMATION

18. Relationship to Policyholder/Subscriber in #12 Above ☐ Self ☐ Spouse ☐ Dependent Child ☐ Other | 19. Student Status ☐ FTS ☐ PTS

20. Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code

21. Date of Birth (MM/DD/CCYY) | 22. Gender ☐ M ☐ F | 23. Patient ID/Account # (Assigned by Dentist)

Box 12

Client Information

Box 13

Client Date of Birth

Box 14

Client Gender

Box 15

Client ID

Box 18

Client Information

Box 19

Student Status

Box 20

Client Name

Box 21

Client Date of Birth

Box 22

Client Gender

Box 23

Client ID

Dental Form – Midsection

RECORD OF SERVICES PROVIDED

	24. Procedure Date (MM/DD/CCYY)	25. Area of Oral Cavity	26. Tooth System	27. Tooth Number(s) or Letter(s)	28. Tooth Surface	29. Procedure Code	30. Description	31. Fee
1	9/1/2009					D0120	Oral Evaluation	28.00
2	9/1/2009					D0220	Intraoral Periapical film	24.00
3	9/1/2009					D0230	Intraoral Periapical addtional film, 4 units	40.00
4	9/1/2009					D1206	Flouride Varnish	24.00
5	9/1/2009			18		D1351	Sealant	32.00
6	9/1/2009			31		D1351	Sealant	32.00
7	9/1/2009			UL		D4210	Gingivectomy	350.00
8	9/1/2009			3		D2750	Crown Porcelain, w/high noble metal	991.00
9								
10								

MISSING TEETH INFORMATION

34. (Place an 'X' on each missing tooth)

Permanent																Primary										32. Other Fee(s)	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	A	B	C	D	E	F	G	H	I	J		
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	T	S	R	Q	P	O	N	M	L	K	33. Total Fee	1521

35. Remarks Co-pay exempt, patient is pregnant. EOB attached from BCBS of MT.

Box 24

Date of Service

Box 25

Cavity indicator

Box 26

Tooth system

Box 27

Tooth number or letter

Box 28

Tooth surface

Box 29

Procedure code

Box 30

Description

Box 31

Fee

Box 32

Other fees

Box 33

Total fee

Box 34

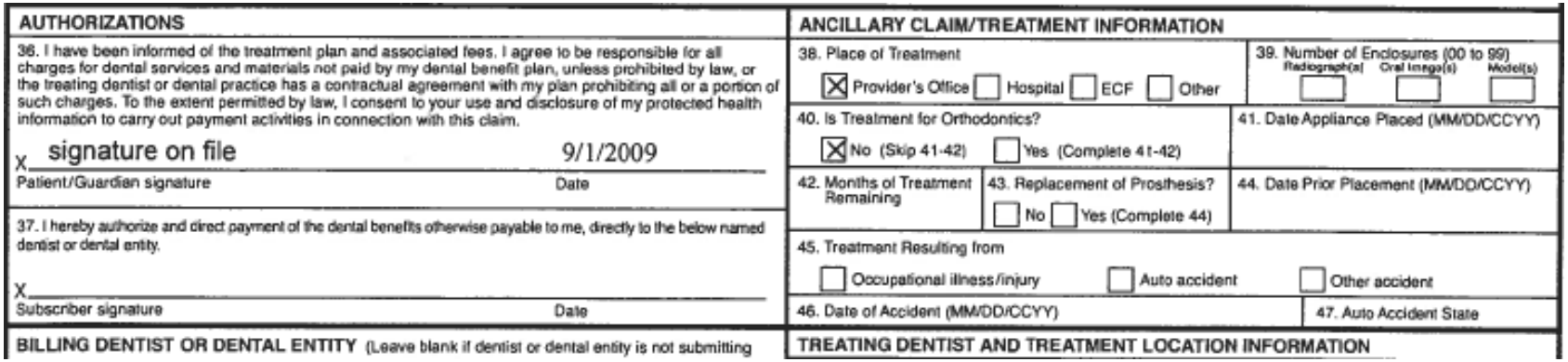
Missing teeth information

Box 35

Remarks

MONTANA
Department of Public Health & Human Services

Dental Form – Midsection



AUTHORIZATIONS

36. I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law, or the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion of such charges. To the extent permitted by law, I consent to your use and disclosure of my protected health information to carry out payment activities in connection with this claim.

X signature on file — 9/1/2009
Patient/Guardian signature — Date

37. I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to the below named dentist or dental entity.

X
Subscriber signature — Date

BILLING DENTIST OR DENTAL ENTITY (Leave blank if dentist or dental entity is not submitting

ANCILLARY CLAIM/TREATMENT INFORMATION

38. Place of Treatment: ☒ Provider's Office ☐ Hospital ☐ ECF ☐ Other

39. Number of Enclosures (00 to 99): Radiograph(s) | Oral Image(s) | Model(s)

40. Is Treatment for Orthodontics? ☒ No (Skip 41-42) ☐ Yes (Complete 41-42)

41. Date Appliance Placed (MM/DD/CCYY)

42. Months of Treatment Remaining

43. Replacement of Prosthesis? ☐ No ☐ Yes (Complete 44)

44. Date Prior Placement (MM/DD/CCYY)

45. Treatment Resulting from ☐ Occupational illness/injury ☐ Auto accident ☐ Other accident

46. Date of Accident (MM/DD/CCYY)

47. Auto Accident State

TREATING DENTIST AND TREATMENT LOCATION INFORMATION

Field 36
Patient signature

Field 37
Payment assignment

Field 38
Place of treatment

Field 39
Number of enclosures

Field 40
Treatment for orthodontics

Field 41
Date appliance placed

Field 42
Months of treatment remaining

Field 43
Replacement of prosthesis

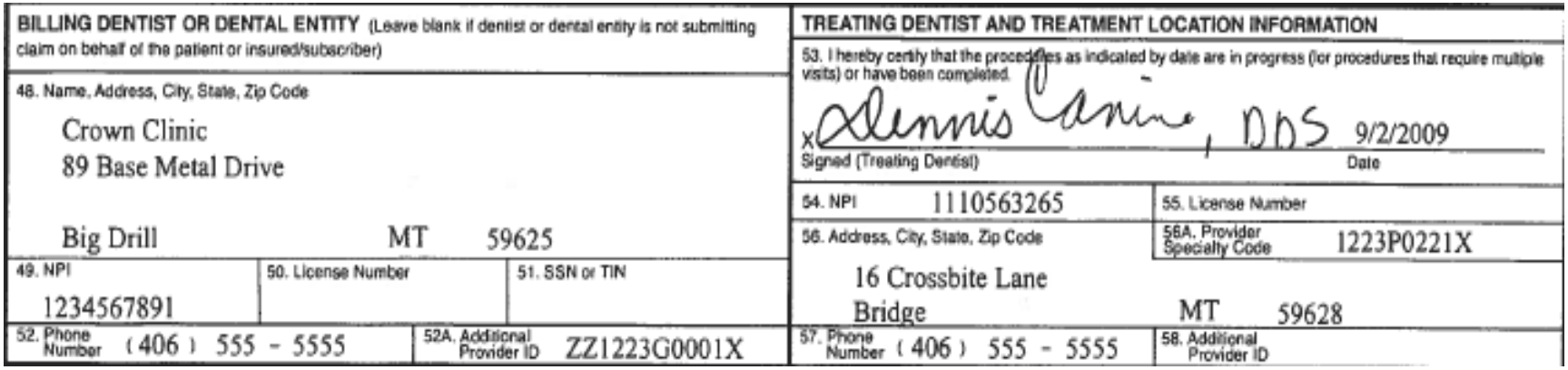
Field 44
Date prior placement

Field 45
Treatment resulting from

Field 46
Date of accident

Field 47
Auto accident state

Dental Form – Bottom



BILLING DENTIST OR DENTAL ENTITY (Leave blank if dentist or dental entity is not submitting claim on behalf of the patient or insured/subscriber)

48. Name, Address, City, State, Zip Code
Crown Clinic
89 Base Metal Drive
Big Drill MT 59625

49. NPI: 1234567891
50. License Number:
51. SSN or TIN:
52. Phone Number: (406) 555 - 5555
52A. Additional Provider ID: ZZ1223G0001X

TREATING DENTIST AND TREATMENT LOCATION INFORMATION

53. I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed.
X Dennis Canine, DDS 9/2/2009
Signed (Treating Dentist) Date

54. NPI: 1110563265
55. License Number:
56. Address, City, State, Zip Code: 16 Crossbite Lane Bridge MT 59628
56A. Provider Specialty Code: 1223P0221X
57. Phone Number: (406) 555 - 5555
58. Additional Provider ID:

Box 48
Billing provider information

Box 49
Billing provider NPI

Box 50
License number

Box 51
Tax ID

Box 52
Phone number

Box 52A
Billing provider taxonomy code

Box 53
Rendering provider signature and date

Box 54
Rendering provider NPI

Box 56
Rendering provider address

Box 56
Rendering provider taxonomy

Box 57
Phone number

Box 58
Additional provider ID


Questions?

MONTANA
Department of Public Health & Human Services

Remittance Advice

Ways to Receive RAs

- Web Portal: Download
- 835 Transactions
- Paper

MONTANA
Department of Public Health & Human Services

Remittance Advice Tips

- Grouped by status
- Do not resubmit a claim in PENDED status.
- Work all denial reasons before resubmitting.
- Do not post payments listed under Credit Balance.
- Always contact Provider Relations if you have questions.

Paid

- Under client ID, the status of the claim is listed.
- There will be no reason and remark codes.
- If an error exists on this claim, an adjustment must be submitted.

MONTANA
Department of Public Health & Human Services

BTMC8000-R001 MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES
AS OF 02/28/2008 HELENA, MT 59604

REMITTANCE ADVICE FOR MEDICAID/CHIP/MHSP

DR. BEVERELY HILLBILLY
555 STEVENS ST
STEVENSVILLE MT, 59555

VENDOR # 12345678987 REMIT ADVICE # 555555 EFT/CHK # 5555555 DATE 03/03/2008 PAGE 2
NPI #: 123454321 TAXONOMY: 123454321X

RECIP ID	NAME	SERVICE FROM	DATES TO	UNIT OF SVC	PROCEDURE REVENUE NDC	TOTAL CHARGES	ALLOWED	CO-PAY	REASON & REMARK CODES
PAID CLAIMS - MISCELLANEOUS CLAIM									
123454321	RABBIT, ROGER A	02112008	02112008	3.000	H0036	82.50	47.70		
ICN 55505600253001555 PATIENT NUMBER=155555-VLBHEL1CSC									
TEAM NUMBER 01									
		02122008	02122008	3.000	H0036	82.50	47.70		
		02132008	02132008	7.000	H0036	192.50	111.30		
		02152008	02152008	3.000	H0036	82.50	47.70		
		CLAIM TOTAL				440.00	254.40		
123454321	RABBIT, ROGER A	02192008	02192008	3.000	H0036	82.50	47.70		
ICN 55505600253001555 PATIENT NUMBER=155555-VLBHEL1CSC									
TEAM NUMBER 01									
		02202008	02202008	4.000	H0036	110.00	63.60		
		02212008	02212008	10.000	H0036	275.00	159.00		
		02222008	02222008	1.000	H0036	27.50	15.90		
		CLAIM TOTAL				495.00	286.20		

Denied

- Under client ID, the status of the claim is listed
- Reason and Remark (R&R) codes will post.
- Refer to the last page of the RA for an explanation of the denial.
- If the codes are not clear, refer to the EOB R&R Crosswalk at www.mtmedicaid.org.

MONTANA
Department of Public Health & Human Services

BTMC8000-R001 MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES
AS OF 05/08/2008 HELENA, MT 59604

REMITTANCE ADVICE FOR MEDICAID/CHIP/MHSP

STAR WARS MEDICAL
123 TATOOINE DRIVE
TATOOINE TA 88888

VENDOR # 0000123456 REMIT ADVICE # 555555 EFT/CHK # 2222222 DATE 05/12/2008 PAGE 11
NPI #: 1111111111 TAXONOMY: 000000000X

RECIP ID	NAME	SERVICE FROM	DATES TO	UNIT OF SVC	PROCEDURE REVENUE NDC	TOTAL CHARGES	ALLOWED	CO-PAY	REASON & REMARK CODES
DENIED CLAIMS - MISCELLANEOUS CLAIM									
555555555	VADER, DARTH	01262007	01262007	1.000	99233	219.66	0.00		29
ICN 00000000000000000 PATIENT NUMBER=000000000									
00002222222	RENDERING PHYSICIAN								
		01272007	01272007	1.000	99239	269.19	0.00		29
		CLAIM TOTAL				488.85	0.00	31	B7
555555555	SKYWALKER, LUKE	10272006	10272006	1.000	99223	435.90	0.00	29	15 M68
ICN 00000000000000000 PATIENT NUMBER=000000000									
0000123456	RENDERING PHYSICIAN								
555555555	GRIFFIN, LANDO	11092006	11092006	1.000	99223	435.90	0.00	29	15 M68
ICN 00000000000000000 PATIENT NUMBER=000000000									
0000111111	RENDERING PHYSICIAN								

Reason and Remarks

```
**********THE FOLLOWING IS A DESCRIPTION OF THE REASON/REMARK CODES THAT APPEAR ABOVE ******
        B13   PREVIOUSLY PAID. PAYMENT FOR THIS CLAIM/SERVICE MAY HAVE BEEN PROVIDED
              IN A PREVIOUS PAYMENT.
        B22   THIS PAYMENT IS ADJUSTED BASED ON THE DIAGNOSIS.
        B7    THIS PROVIDER WAS NOT CERTIFIED/ELIGIBLE TO BE PAID FOR THIS
              PROCEDURE/SERVICE ON THIS DATE OF SERVICE.
        MA04  SECONDARY PAYMENT CANNOT BE CONSIDERED WITHOUT THE IDENTITY OF OR
              PAYMENT INFORMATION FROM THE PRIMARY PAYER. THE INFORMATION WAS EITHER
              NOT REPORTED OR WAS ILLEGIBLE.
        M57   MISSING/INCOMPLETE/INVALID PROVIDER IDENTIFIER.
        M68   MISSING/INCOMPLETE/INVALID ATTENDING OR REFERRING PHYSICIAN
              IDENTIFICATION.
        M77   MISSING/INCOMPLETE/INVALID PLACE OF SERVICE.
        M86   SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE
              WITHIN SET TIME FRAME.
        N30   PATIENT INELIGIBLE FOR THIS SERVICE.
        125   PAYMENT ADJUSTED DUE TO A SUBMISSION/BILLING ERROR(S). ADDITIONAL
              INFORMATION IS SUPPLIED USING THE REMITTANCE ADVICE REMARKS CODES
              WHENEVER APPROPRIATE.
        133   THE DISPOSITION OF THIS CLAIM/SERVICE IS PENDING FURTHER REVIEW.
        15    PAYMENT ADJUSTED BECAUSE THE SUBMITTED AUTHORIZATION NUMBER IS
              MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.
        22    PAYMENT ADJUSTED BECAUSE THIS CARE MAY BE COVERED BY ANOTHER PAYER PER
              COORDINATION OF BENEFITS.
        29    THE TIME LIMIT FOR FILING HAS EXPIRED.
        31    CLAIM DENIED AS PATIENT CANNOT BE IDENTIFIED AS OUR INSURED.
```

See R&R EOB Crosswalk for further explanation.

Gross Adjustment

- Listed as:
  - Paid claims – Gross Adjustment
  - History only – Gross Adjustment
- Lists client or facility to whom the adjustment belongs

MONTANA
Department of Public Health & Human Services

BTMC8000-R001
AS OF 01/15/2009

MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES
HELENA, MT 59604

REMITTANCE ADVICE FOR MEDICAID/CHIP/MHSP

YABBA DABBA DOO INC
555 SLATE RD
BEDROCK BC 55555

VENDOR # 0000123456 REMIT ADVICE # 333333 EFT/CHK # 2222222 DATE 01/19/2009 PAGE 13
NPI #: 1111111111 TAXONOMY: 000000000X

RECIP ID	NAME	SERVICE FROM	DATES TO	UNIT OF SVC	PROCEDURE REVENUE NDC	TOTAL CHARGES	ALLOWED	CO-PAY	REASON & REMARK CODES
PAID CLAIMS - GROSS ADJUSTMENT									
		08062004	03302005	0.000		346.42-	346.42-		
ICN 00000000000000000									
	MOVE CREDIT BALANCE FROM 12345								
		11142007	11142007	0.000		45.74-	45.74-		
ICN 00000000000000000									
	MOVE CREDIT BALANCE FROM 54321								
		11142007	11142007	0.000		30.15-	30.15-		
ICN 00000000000000000									
	MOVE CREDIT BALANCE FROM 11111								

Credit Balance

- Under client ID, the status of the claim is listed.
- Do not post a credit balance.
- The ICN of a credit balance does not change.

MONTANA
Department of Public Health & Human Services

BTMC8000-R001 MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES
AS OF 12/18/2008 HELENA, MT 59604

REMITTANCE ADVICE FOR MEDICAID/CHIP/MHSP

JAMES BOND
007 SECRET LN
LONDON EN 55555

VENDOR # 0000111111 REMIT ADVICE # 222222 EFT/CHK # 0000000 DATE 12/22/2008 PAGE 2
NPI #: 1111111111 TAXONOMY: 000000000X

RECIP ID	NAME	SERVICE FROM	DATES TO	UNIT OF SVC	PROCEDURE REVENUE NDC	TOTAL CHARGES	ALLOWED	CO-PAY	REASON & REMARK CODES
CREDIT-BALANCE-CLAIMS - GROSS ADJUSTMENT									
		07122007	07242007	0.000		8.40-	8.40-		
ICN 00000000000000000									
TEAM NUMBER 02									
	MOVE CREDIT BALANCE FROM 123456								
**CR BAL CLAIM TOTALS -	GROSS ADJUSTMENT	**NUMBER OF CLAIMS-	1**			8.40-	8.40-		
	TOTAL WARRANT AMOUNT						0.00		

Note: Credit Balance ICN does not change.


Questions?

MONTANA
Department of Public Health & Human Services

Special Forms:

Adjustments
Blanket Denials
Paperwork Attachments
and many, many more …

Adjustment Form

- Complete all required sections.
- Make sure the information is clear.
- Double-check that your adjustments are correct.
- Do not adjust a denied claim.

MONTANA
Department of Public Health & Human Services

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Montana Health Care Programs

Medicaid • Mental Health Services Plan • Healthy Montana Kids

Individual Adjustment Request

Instructions:
This form is for providers to correct a claim which has been **paid** at an incorrect amount or was **paid** with incorrect information. Complete all the fields in Section A with information about the paid claim from your statement. Complete **only** the items in Section B which represent the incorrect information that needs changing. For help with this form, refer to the *Remittance Advices and Adjustments* chapter in your program manual or the *General Information for Providers* manual, or call Xerox Provider Relations at (800) 624-3958 (Montana and out-of-state providers) or (406) 442-1837 (Helena).

A. Complete all fields using the remittance advice (RA) for information.

1. Provider Name and Address

_____
Name

_____
Street or P.O. Box

_____
City State ZIP

2. Client Name

_____

3. Internal Control Number (ICN)

_____

4. NPI/API

_____

5. Client ID Number

_____

6. Date of Payment _____

7. Amount of Payment $ _____

B. Complete only the items which need to be corrected.

Item	Date of Service or Line Number	Information on Statement	Corrected Information
1. Units of Service			
2. Procedure Code/NDC/Revenue Code			
3. Dates of Service (DOS)			
4. Billed Amount			
5. Personal Resource (Nursing Facility)			
6. Insurance Credit Amount			
7. Net (Billed – TPL or Medicare Paid)			
8. Other/Remarks (Be specific.)			

Signature _____ Date _____

When the form is complete, attach a copy of the RA and a copy of the corrected claim, and mail to:
Xerox State Healthcare, LLC
P.O. Box 8000
Helena, MT 59604

Updated 03/2012

MONTANA
Department of Public Health & Human Services

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Montana Health Care Programs

Medicaid • Mental Health Services Plan • Healthy Montana Kids

Individual Adjustment Request

Instructions:
This form is for providers to correct a claim which has been **paid** at an incorrect amount or was **paid** with incorrect information. Complete all the fields in Section A with information about the paid claim from your statement. Complete **only** the items in Section B which represent the incorrect information that needs changing. For help with this form, refer to the *Remittance Advices and Adjustments* chapter in your program manual or the *General Information for Providers* manual, or call Xerox Provider Relations at (800) 624-3958 (Montana and out-of-state providers) or (406) 442-1837 (Helena).

A. Complete all fields using the remittance advice (RA) for information.

1. Provider Name and Address

The Clinic
Name

123 Main Street
Street or P.O. Box

Somewhere MT 59991
City State ZIP

2. Client Name

John Doe

3. Internal Control Number (ICN)

2101111111211111

4. NPI/API

1234567891

5. Client ID Number

111331111

6. Date of Payment 01/01/2012

7. Amount of Payment $ 558.72

B. Complete only the items which need to be corrected.			
Item	Date of Service or Line Number	Information on Statement	Corrected Information
1. Units of Service	Line 3	4	2
2. Procedure Code/NDC/Revenue Code			
3. Dates of Service (DOS)			
4. Billed Amount			
5. Personal Resource (Nursing Facility)			
6. Insurance Credit Amount			
7. Net (Billed – TPL or Medicare Paid)			
8. Other/Remarks (Be specific.)			

Signature John R. Smith, M.D. Date 02/09/2012

When the form is complete, attach a copy of the RA and a copy of the corrected claim, and mail to:

Xerox State Healthcare, LLC
P.O. Box 8000
Helena, MT 59604

Updated 03/2012

Blanket Denial

- Complete all lines on the form.
- Send matching EOB and R&R codes.
- Good for 2 years.

MONTANA
Department of Public Health & Human Services

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Request for Blanket Denial Letter
Xerox – State of Montana Medicaid

Effective Date Requested _____ Provider/NPI _____

Client Name _____

Medicaid ID Number _____

Name of Insurance Company on File _____

Procedure Codes Requested

1. _____
2. _____
3. _____
4. _____
5. _____

Requesting Agency _____

Fax Number _____

Contact Person _____

Contact Phone Number _____

Number of Pages that Follow Request _____

Fax all requests to Xerox State Healthcare, LLC at (406) 442-0357.

Request must include an explanation of benefits (EOB) stating the services are not covered.

MONTANA
Department of Public Health & Human Services

Paperwork Attachment

- Complete each line of the form.
- Indicate paperwork attachment on electronic claims.
- Client ID must be the same on paperwork attachment and claim.
- Fax to (406) 442-4402

OR

- Mail to: Xerox State Healthcare, LLC
  P.O. Box 8000
  Helena, MT 59604

MONTANA
Department of Public Health & Human Services

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Paperwork Attachment Cover Sheet

Paperwork Attachment Control Number: _____

Date of Service: _____

Billing NPI/API: _____

Client ID Number: _____

Type of Attachment: _____

Instructions:
This form is used as a cover sheet for attachments to electronic and paper Montana Health Care Programs (Medicaid; Mental Health Services Plan; Healthy Montana Kids; Indian Health Services Program) claims sent to the address below.

The Paperwork Attachment Control Number must be the same number as the Attachment Control Number on the corresponding electronic claim. This number consists of the provider's NPI/API, the client's ID number and the date of service (mmddyyyy), each separated by a dash (NPI: 9999999999-99999999-99999999/Atypical Provider ID: 9999999-99999999-99999999).

This form may be copied or downloaded from the Provider Information website (http://medicaidprovider.hhs.mt.gov/).

If you have questions about paper attachments that are necessary for a claim to process, call Xerox Provider Relations at (800) 624-3958 or (406) 442-1837.

Completed forms can be mailed or faxed to:

Xerox State Healthcare, LLC
P.O. Box 8000
Helena, MT 59604
Fax: 1-406-442-4402

Updated 03/2012

Address Change Request

- Enter the NPI number to be updated.
  - If the NPI has multiple enrollments, note if all enrollments on file should be updated.
- Enter the new address.
- Indicate the type of address.
- Physical address change requires a W-9.

Provider Relations
Xerox State Healthcare, LLC
P.O. Box 4936
Helena, MT 59604
(406) 442-1837 (Local)
1-800-624-3958 (In/Out of State)
(406) 442-4402 (Fax)

Address Correction Form

Physical address change requires a completed W-9.

Provider Number _____

Passport Number (if applicable) _____

Address 1 _____

_____

_____

☐ Physical Address ☐ Pay-To Address ☐ Correspondence

Address 2 _____

_____

_____

☐ Physical Address ☐ Pay-To Address ☐ Correspondence

Phone Number _____

Fax Number _____

Authorized Signature _____ Date _____

W-9

- Required when changing or updating a physical address.
- Address must correspond with the address change request form.

Form **W-9**
(Rev. October 2007)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Print or type See Specific Instructions on page 2.

Name (as shown on your income tax return)

Business name, if different from above

Check appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership
☐ Limited liability company. Enter the tax classification (D–disregarded entity, C–corporation, P–partnership) ►
☐ Other (see instructions) ►

☐ Exempt payee

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

or

Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here **Signature of U.S. person** ► **Date** ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for

Sterilization Form

- The client must be 21 or older when signing the form.
- Person obtaining consent must sign, date, and provide business address.
- Provider must sign and date on or after the procedure.
- Date of surgery must be at least 30 days after the client signature.

DPHHS-MA-38
(Rev. 8/98)

STATE OF MONTANA
DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES
INFORMED CONSENT TO STERILIZATION

Medicaid Approved

NOTICE: YOUR DECISION AT ANY TIME NOT TO BE STERILIZED WILL NOT RESULT IN THE WITHDRAWAL OR WITHHOLDING OF ANY BENEFITS PROVIDED BY PROGRAMS OR PROJECTS RECEIVING FEDERAL FUNDS.

■CONSENT TO STERILIZATION■

I have asked for and received information about sterilization from _____. When I first asked for
(Doctor or Clinic)
the information, I was told that the decision to be sterilized is completely up to me. I was told that I could decide not to be sterilized. If I decide not to be sterilized, my decision will not affect my right to future care to treatment. I will not lose any help or benefits from programs receiving Federal funds, such as AFDC or Medicaid that I am now getting or for which I may become eligible.

I UNDERSTAND THAT THE STERILIZATION MUST BE CONSIDERED **PERMANENT AND NOT REVERSIBLE**. I HAVE DECIDED THAT I DO NOT WANT TO BECOME PREGNANT, BEAR CHILDREN OR FATHER CHILDREN.

I was told about those temporary methods of birth control that are available and could be provided to me which will allow me to bear or father a child in the future. I have rejected those alternatives and chosen to be sterilized.

I understand that I will be sterilized by an operation known as a _____. The discomforts, risks and benefits associated with the operation have been explained to me. All my questions have been answered to my satisfaction.

I understand that the operation will not be done until at least thirty days after I sign this form. I understand that I can change my mind at any time and that my decision at any time not to be sterilized will not result in the withholding of any benefits or medical services provided by Federally funded programs.

I am at least 21 years of age and was born on _____
(month) (day) (year)

I, _____, hereby consent of my own free will to be sterilized by _____
(Doctor)
by a method called _____. My consent expires 180 days from the date of my signature below.

I also consent to the release of this form and other medical records about the operation to:

Representatives of the Department of Health & Human Services or Employees of programs or projects funded by that department but only for determining if Federal laws were observed.

I have received a copy of this form.

_____
(Signature) **(Date)**

You are requested to supply the following information, but it is not required.
Race and ethnicity designation (please check):

- ☐ American Indian or Alaskan Native
- ☐ Asian or Pacific Islander
- ☐ Black (not of Hispanic origin)
- ☐ Hispanic
- ☐ White (not of Hispanic origin)

■INTERPRETER'S STATEMENT■

If an interpreter is provided to assist the individual to be sterilized:

I have translated the information and advice presented orally to the individual to be sterilized by the person obtaining this consent. I have also read him/her the consent form in _____ language and explained its contents to him/her. To the best of my knowledge and belief he/she understood this explanation.

_____
(Interpreter) **(Date)**

■STATEMENT OF PERSON OBTAINING CONSENT■

Before _____ signed
(name of individual)
the consent form, I explained to him/her the nature of the sterilization operation _____, the fact that it is intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or any benefits provided by Federal funds.

To the best of my knowledge and belief, the individual to be sterilized is as least 21 years old and appears mentally competent. He/she knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequences of the procedure.

_____
(Signature of person obtaining consent) **(date)**

_____
(Facility)

_____
(Address)

■PHYSICIAN'S STATEMENT■

Shortly before I performed a sterilization operation upon

_____
(Name of person being sterilized)

on _____
(date of sterilization operation)

I explained to him/her the nature of the sterilization operation _____, the fact that it is
(specify type of operation)
intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or benefits provided by Federal funds.

To the best of my knowledge and belief, the individual to be sterilized is at least 21 years old and appears mentally competent. He/she knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure

(Instructions for use of alternative final paragraphs: Use the first paragraph below except in the case of premature delivery or emergency abdominal surgery where the sterilization is performed less than 30 days after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used. Cross out the paragraph which is not used.)

(1) At lease thirty days have passed between the date of the individual's signature on this consent form and the date the sterilization was performed.

(2) This sterilization was performed less than 30 days but more than 72 hours after the date of the individual's signature on this consent form because of the following circumstances (check applicable box and fill in information requested):

- ☐ Premature delivery
- ☐ Individual's expected date of delivery: _____
- ☐ Emergency abdominal surgery:

(describe circumstances):_____

_____

_____
(Physician) **(Date)**

DISTRIBUTION: 1 - patient; 1 - provider (physician, hospital, etc.); 1 - fiscal agent with claim

Hysterectomy Form

CIRCLE and complete only ONE section (A, B, or C).

- Section A – The client must sign prior to the procedure.
- Section B – Provider to indicate cause of prior sterility.
- Section C – Provider to indicate cause of life threatening emergency.

DPHHS-MA-039
(Rev. 9/05)

STATE OF MONTANA
DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

MEDICAID HYSTERECTOMY ACKNOWLEDGMENT

A. RECIPIENT ACKNOWLEDGMENT STATEMENT

I certify that prior to the surgery (hysterectomy), I received both orally and in writing information which explained that I would become permanently sterile and that I would be incapable of reproducing children after the surgery is completed.

Signature of Recipient: _____ Date: _____

Signature of Representative (If Required): _____ Date: _____

PHYSICIAN ACKNOWLEDGMENT STATEMENT

I certify that prior to performing the surgery, I advised _____ *(Name of Recipient)* both orally and in writing that the surgical procedure known as a hysterectomy would render her permanently sterile and that she would be incapable of reproducing children after the surgical procedure is completed. I also certify that this procedure is being done primarily for medical reasons other than sterilization.

Signature of Physician: _____ Date: _____

SIGNATURE OF INTERPRETER (If Required)

Signature of Interpreter: _____ Date: _____

B. STATEMENT OF PRIOR STERILITY

I certify that _____ *(Name of Recipient)* was already sterile and unable to bear children at the time the hysterectomy or other procedure capable of causing sterility was performed. The cause of this recipient's sterility was: _____

_____

_____

Signature of Physician: _____ Date: _____

C. STATEMENT OF LIFE THREATENING EMERGENCY

I certify that the hysterectomy or other sterility causing procedure performed on _____ *(Name of Recipient)* was completed under a life threatening emergency situation in which prior acknowledgment was not possible. The nature of the emergency was _____

_____

_____

Signature of Physician: _____ Date: _____

This form may also be used as a substitute for the sterilization consent form for sterilization procedures where the patient is already sterile and for sterilization procedures (i.e., salpingo-oophorectomy, orchiectomy) done only for medical reasons. With these cases, replace "hysterectomy" with the appropriate procedure name.

Abortion Form

Provider to complete one section:

Clearly circle appropriate section.

- Section I – To be completed by the provider when the service is necessary to save the patient's life.
- Section II – To be completed by provider and client certifying the condition resulted from rape or incest.
- Section III – To be completed by provider issuing a statement of medical necessity.

MA-037
(REV 08/88)

MEDICAID RECIPIENT/PHYSICIAN ABORTION CERTIFICATION

MEDICAID CLAIMS FOR ABORTION SERVICES WILL NOT BE PAID UNLESS THIS FORM IS COMPLETED IN FULL AND A COPY IS ATTACHED TO THE MEDICAID CLAIM FORM.

Recipient Name:_____ Provider Name: _____

Part I, II or III must be completed and the physician completing the procedure must sign below.

I. IF THE ABORTION IS NECESSARY TO SAVE THE RECIPIENT'S LIFE, THE FOLLOWING MUST BE COMPLETED BY THE PHYSICIAN:

In my professional opinion, recipient suffers from a physical disorder, physical injury or physical illness (or life-endangering physicial condition caused by or arising from the pregnancy itself) that would place the recipient in danger of death unless an abortion is performed.

(attach additional sheets as necessary)

II. IF THE PREGNANCY RESULTED FROM RAPE OR INCEST, THE FOLLOWING MUST BE COMPLETED BY THE RECIPIENT AND PHYSICIAN:

RECIPIENT CERTIFICATION: I Hereby certify that my current pregnancy resulted from an act of rape or incest.

PHYSICIAN CERTIFICATION: If the pregnancy resulted from rape or incest, the physician must mark one of the following and sign below:

___ a. The recipient has stated to me that she has reported the rape or incest to a law enforcement or protective services agency having jurisdiction in the matter or, if the patient is a child enrolled in a school, to a school counselor; or

___ b. Based upon my professional judgement, the recipient was and is unable for physical or psychological reasons to report the act of rape or incest.

III. IF THE ABORTION IS MEDICALLY NECESSARY BUT THE RECIPIENT'S LIFE IS NOT IN DANGER, THE FOLLOWING MUST BE COMPLETED BY THE PHYSICIAN:

In my professional opinion, an abortion is medically necessary for the following reasons:

(attach additional sheets as necessary)

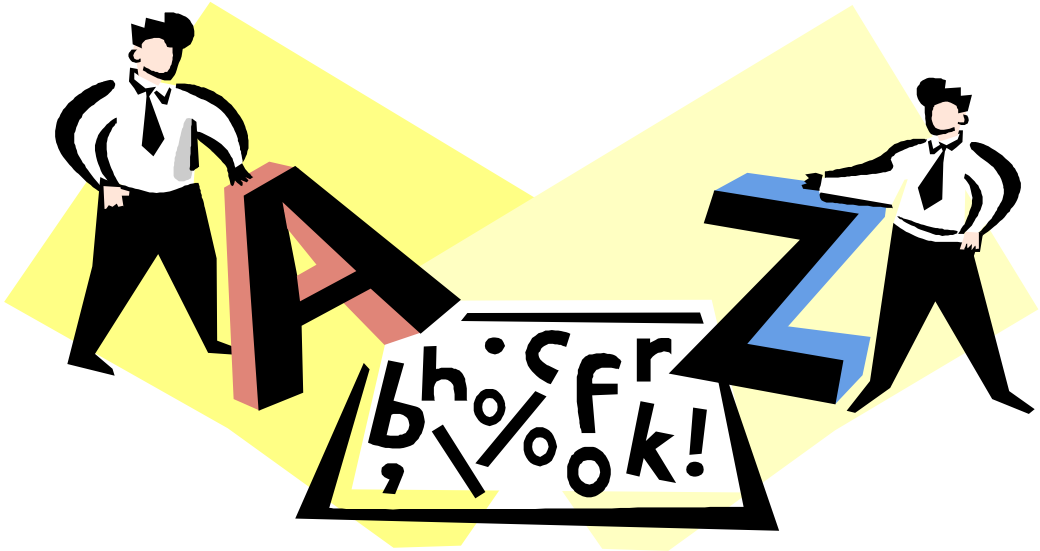
PHYSICIAN SIGNATURE: _____ **DATE:** _____

THE INFORMATION CONTAINED IN THIS FORM IS CONFIDENTIAL. THIS INFORMATION IS PROVIDED FOR PURPOSES RELATED TO ADMINISTRATION OF THE MEDICAID PROGRAM AND MAY NOT BE RELEASED FOR ANY OTHER PURPOSE WITHOUT THE WRITTEN CONSENT OF THE RECIPIENT.


Questions?

MONTANA
Department of Public Health & Human Services

How to Prevent Denials



Denial prevention starts with you!

- Check client eligibility every visit.
- Stay up-to-date.
  - Website, *Claim Jumper*, etc.
- Notice common denials.
- Be proactive.
  - Ask before billing.

Top Denials

- HIPAA 5010
- Eligibility Denials
- Duplicate
- Passport
- TPL
- Medicare
- Prior Authorization
- National Drug Code (NDC)
- Rendering/Attending

HIPAA 5010

- Submitting HIPAA 4010 information
- Pay-to address is a post office box
- Zip Code + 4 is missing or not on file
- Invalid qualifiers

Eligibility Denials

- Common denials:
  - Client not eligible for date of service.
  - Client not eligible, and has never been eligible.
  - Client ID invalid or missing.
  - Client not eligible for program being billed.
  - Service limits exceeded.

Prevention

- Check client eligibility every time prior to service.
  - Different methods to check.
    - Web Portal
    - FaxBack
    - Integrated Voice Response (IVR)
    - Call Provider Relations (1-800-624-3958)

Understand the Types Eligibility

- Full
- Basic
- Healthy Montana Kids (HMK)
- MHSP
- SLMB, QMB, and QI

MT Web Portal -Eligibility Inquiry Response - Windows Internet Explorer

https://mtaccesstohealth.acs-shc.com/mt/secure/eligibilityInquirySubmit.do

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MT Web Portal -Eligibility Inquiry Response

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DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Montana Access to Health Web Portal

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HOME INQUIRIES SUBMISSIONS RETRIEVALS MANAGE USERS MY ACCESS

Home > Inquiries > Eligibility Inquiry > Eligibility Inquiry Confirm > Eligibility Inquiry Response MT DPHHS

Eligibility Inquiry Response

Client Demographic Information

Client Original ID:	123456789	NPI or Provider ID:	1234567899
Client Current ID:	001111111	Date of Service:	02/15/2011
Client Member ID:	1111111	Valid Request Indicator:	
Name:	Test Data	Reject Reason Code:	
Address:	123 Main St	Follow-up Action Code:	
City:	Waterside	Date of Death:	
County Code:	25	Trace Number:	210000000100000000T
State:	MT		
Zip Code:	599990000		
Date of Birth:	01/01/2004		
Gender Code:	M: Male		

Eligibility Spans

About HMK/HMKPlus

Service Type Code	Insurance Type Code	Payer Name	Plan Coverage Description	Eligibility Effective Date	Eligibility End Date
30: Health Benefit Plan Coverage	MC: Medicaid	Medicaid/HMKPlus	Full Coverage	09/01/2005	02/28/2011

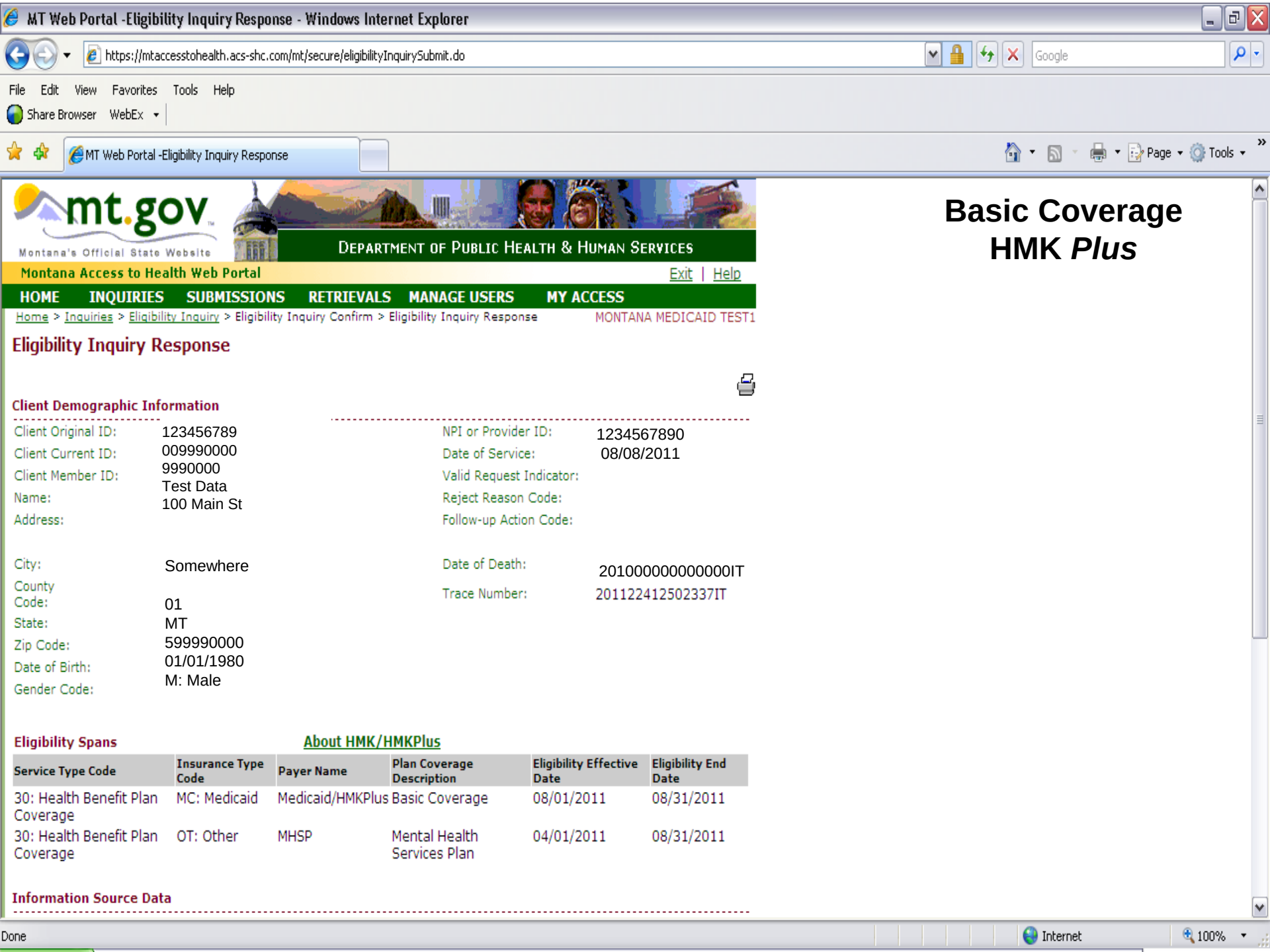
Managed Care Information

Plan Coverage Description	Plan/PCP Name	Plan/PCP Phone Number	Begin Date	End Date
PASSPORT Provider	ST PETERS MEDICAL OFFICE BLDING	4064574180	04/01/2009	03/31/2011

Information Source Data

Done Internet 125%

Full Coverage
HMK *Plus*



Basic Coverage
HMK *Plus*

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https://mtaccesstohealth.acs-shc.com/mt/secure/eligibilityInquirySubmit.do

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HOME INQUIRIES SUBMISSIONS RETRIEVALS MANAGE USERS MY ACCESS

Home > Inquiries > Eligibility Inquiry > Eligibility Inquiry Confirm > Eligibility Inquiry Response MT DPHHS

Eligibility Inquiry Response

Client Demographic Information

Client Original ID:	123456789
Client Current ID:	009990000
Client Member ID:	9990000
Name:	Test Data
Address:	100 Main St
City:	Somewhere
County Code:	
State:	01
Zip Code:	MT
Date of Birth:	599990000
Gender Code:	01/01/2002
	M: Male

NPI or Provider ID:	1234567890
Date of Service:	08/08/2011
Valid Request Indicator:	
Reject Reason Code:	
Follow-up Action Code:	
Date of Death:	
Trace Number:	2010000000000000IT

Eligibility Spans

About HMK/HMKPlus

Service Type Code	Insurance Type Code	Payer Name	Plan Coverage Description	Eligibility Effective Date	Eligibility End Date
30: Health Benefit Plan Coverage	OT: Other	HMK/CHIP	HMK/CHIP Basic Plan	11/01/2009	08/31/2011

Information Source Data

Organization/Last Name:	Medicaid
Identification Code Qualifier:	PI: Payor Identification
Contact Name:	ACS Provider Services
Primary Identifier:	77039
Communication Number:	8006243958

Information Receiver Data

Organization/Last Name:	MT DPHHS
First Name:	M.I.:
NPI or Provider Number:	0001110928
Portal ID of Requestor:	djuvik

Inquiries | New Eligibility Inquiry | Current Eligibility Inquiry | Medical History Inquiry

HMK

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https://mtaccesstohealth.acs-shc.com/mt/secure/eligibilityInquirySubmit.do

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Exit | Help

HOME INQUIRIES SUBMISSIONS RETRIEVALS MANAGE USERS MY ACCESS

Home > Inquiries > Eligibility Inquiry > Eligibility Inquiry Confirm > Eligibility Inquiry Response MT DPHHS

Eligibility Inquiry Response

Client Demographic Information

Client Original ID:	123456789	NPI or Provider ID:	1234567890
Client Current ID:	009990000	Date of Service:	08/08/2011
Client Member ID:	9990000	Valid Request Indicator:	
Name:	Test Data	Reject Reason Code:	
Address:	100 Main St	Follow-up Action Code:	
City:	Somewhere	Date of Death:	
County Code:	01	Trace Number:	20100000000000OIT
State:	MT		
Zip Code:	599990000		
Date of Birth:	01/01/1944		
Gender Code:	M: Male		

Eligibility Spans

About HMK/HMKPlus

Service Type Code	Insurance Type Code	Payer Name	Plan Coverage Description	Eligibility Effective Date	Eligibility End Date
30: Health Benefit Plan Coverage	MC: Medicaid	Medicaid/HMKPlus	Full Coverage	08/01/2011	08/31/2011
30: Health Benefit Plan Coverage	QM: Qualified Medicare Beneficiary	Medicaid/HMKPlus	Qualified Medicare Beneficiary	05/01/2008	08/31/2011

Medicare Information

Done Internet 100%

Full Coverage
QMB
Medicare Part A & B
TPL

Plan Coverage				
30: Health Benefit Plan Coverage	QM: Qualified Medicare Beneficiary	Medicaid/HMKPlus Qualified Medicare Beneficiary	05/01/2008	08/31/2011

Medicare Information

Insurance Type Code	Member Policy ID	Eligibility Effective Date	Eligibility End Date
MA: Medicare Part A	010000000A	01/01/2000	12/31/2099
MB: Medicare Part B	010000000A	01/01/2000	12/31/2099

Coordination of Benefits

1. Service Type Code: 30: Health Benefit Plan Coverage
   - Insurance Type Code: OT: Other
   - Carrier Code: S04
   - Insurance Co. Name: HUMANA
   - Address: P O BOX 14601
LEXINGTON KY 40512-4601
   - Group Policy Number:
   - Enrollment Date: 01/01/2000
   - Policy Number: 010000000
   - Expiration Date: 12/31/2099

Information Source Data

- Organization/Last Name: Medicaid
- Identification Code Qualifier: PI: Payor Identification
- Contact Name: ACS Provider Services
- Primary Identifier: 77039
- Communication Number: 8006243958

Information Receiver Data

- Organization/Last Name: MT DPHHS
- First Name:
- M.I.:
- NPI or Provider Number: 0001110928
- Portal ID of Requestor: djuvik

Inquiries | New Eligibility Inquiry | Current Eligibility Inquiry | Medical History Inquiry

Eligibility Inquiry Response

SLMB

Client Demographic Information

Client Original ID:	123456789	NPI or Provider ID:	0001110928
Client Current ID:	009990000	Date of Service:	08/08/2011
Client Member ID:	9990000	Valid Request Indicator:	
Name:	Test Data	Reject Reason Code:	
Address:	100 Main St	Follow-up Action Code:	
City:	Somewhere	Date of Death:	
County Code:	01	Trace Number:	2010000000000000IT
State:	MT		
Zip Code:	599990000		
Date of Birth:	01/01/1944		
Gender Code:	M: Male		

Eligibility Spans

About HMK/HMKPlus

Service Type Code	Insurance Type Code	Payer Name	Plan Coverage Description	Eligibility Effective Date	Eligibility End Date
30: Health Benefit Plan Coverage	HS: Special Low Income Medicare Beneficiary	Medicaid/HMKPlus	Specified Low Income Medicare Beneficiary	06/01/2011	08/31/2011

Medicare Information

Insurance Type Code	Member Policy ID	Eligibility Effective Date	Eligibility End Date
MA: Medicare Part A	010000000A	06/01/2011	12/31/2099
MB: Medicare Part B	010000000A	06/01/2011	12/31/2099

Information Source Data

Organization/Last Name:	Medicaid
Identification Code Qualifier:	PI: Payor Identification

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Home > Inquiries > Eligibility Inquiry > Eligibility Inquiry Confirm > Eligibility Inquiry Response MONTANA MEDICAID TEST1

Eligibility Inquiry Response

Client Demographic Information

Client Original ID:	123456789	NPI or Provider ID:	1234567890
Client Current ID:	009990000	Date of Service:	08/08/2011
Client Member ID:	9990000	Valid Request Indicator:	
Name:	Test Data	Reject Reason Code:	
Address:	100 Main St	Follow-up Action Code:	
City:	Somewhere	Date of Death:	
County Code:	01	Trace Number:	20100000000000OIT
State:	MT		
Zip Code:	599990000		
Date of Birth:	01/01/1985		
Gender Code:	M: Male		

Eligibility Spans

About HMK/HMKPlus

Service Type Code	Insurance Type Code	Payer Name	Plan Coverage Description	Eligibility Effective Date	Eligibility End Date
30: Health Benefit Plan Coverage	MC: Medicaid	Medicaid/HMKPlus	Basic Coverage	08/01/2011	08/31/2011
30: Health Benefit Plan Coverage	OT: Other	MHSP	Mental Health Services Plan	04/01/2011	08/31/2011

Information Source Data

Done Internet 100%

Basic Coverage and MHSP

MONTANA
Department of Public Health & Human Services

What you might see on your RA

- **Reason Codes**
  - **31** Patient cannot be identified as our insured
  - **177** Payment denied because the patient has not met the required eligibility requirements.

- **Remark Codes**
  - **N30** Patient **ineligible** for date of service
  - **MA61** Missing/Incomplete/Invalid social security number or health insurance claim number

```
1234567    Data, Test         07012011 07012011  1.000 99231 30.26  0.00      177 N30
   ICN 21122000000000000 PATIENT NUMBER=10000

     0000111111 Fred T Flinstone M D
                              07022011 07022011  1.000 99231 30.26  0.00      177 N30
                              07032011 07032011  1.000 99231 30.26  0.00      177 N30
                              07042011 07042011  1.000 99231 30.26  0.00      177 N30
                               ***CLAIM TOTAL*************** 121.04 0.00


****THE FOLLOWING IS A DESCRIPTION OF THE REASON/REMARK CODES THAT APPEAR ABOVE ******
N286   MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.
N30    PATIENT INELIGIBLE FOR THIS SERVICE.
15     THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE
       BILLED SERVICES OR PROVIDER.
177    PAYMENT DENIED BECAUSE THE PATIENT HAS NOT MET THE REQUIRED ELIGIBILITY
       REQUIREMENTS.
31     PATIENT CANNOT BE IDENTIFIED AS OUR INSURED.
38     SERVICES NOT PROVIDED OR AUTHORIZED BY DESIGNATED NETWORK OR PRIMARY
       CARE PROVIDERS.
```

MONTANA
Department of Public Health & Human Services

How to Understand Reason & Remark Codes

- www.mtmedicaid.org
- Resources by Provider Type
- Other Resources
- EOB R&R Crosswalk

Duplicate Errors

- What is a duplicate error?
  - Submitting a claim that has already been paid or for a similar service that has been paid.
  - Different levels of duplicates cause denials.

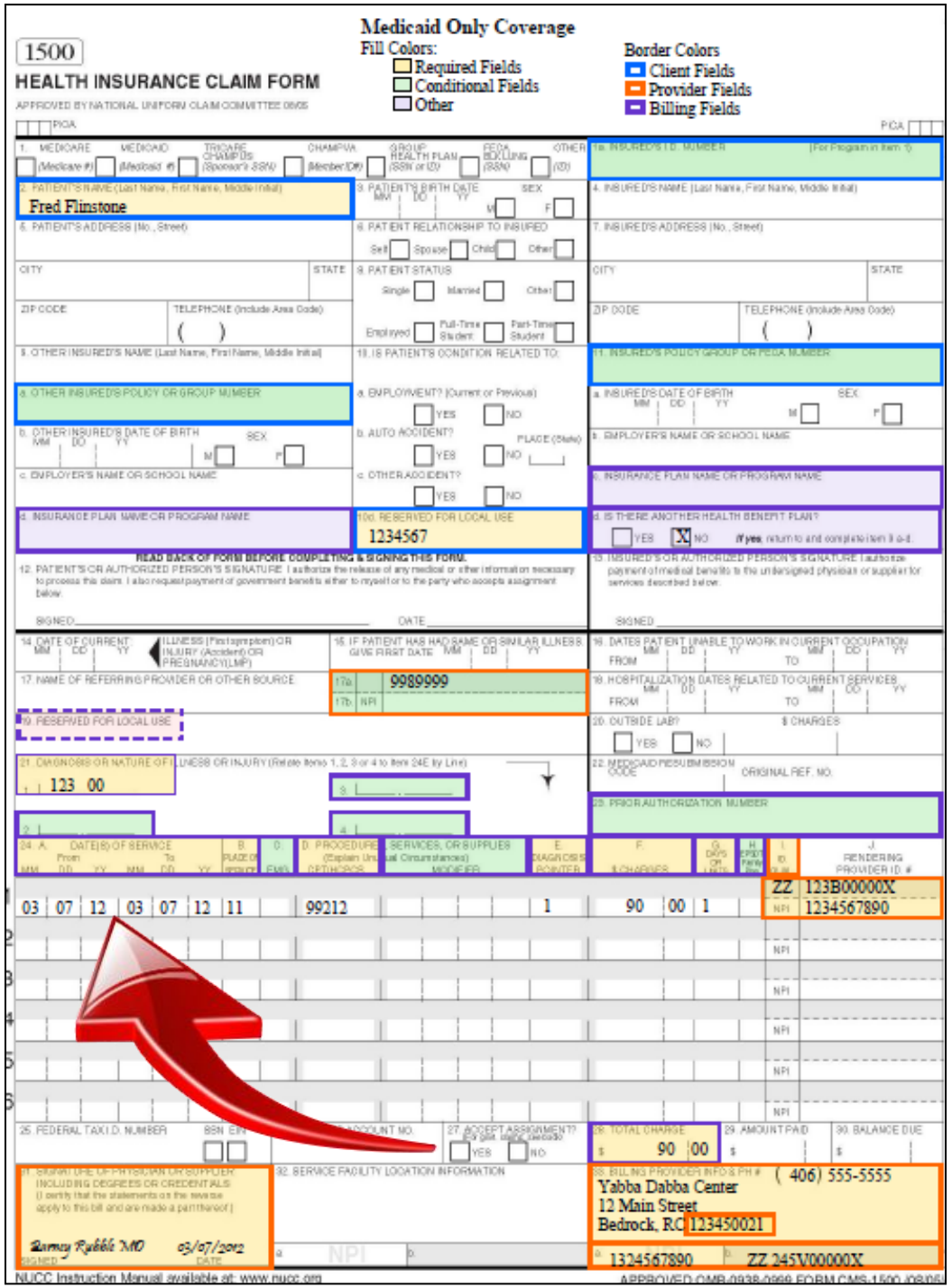
Three Kinds of Duplicate Denials

- Exact duplicate
  - You have already been paid for this service
- Suspect duplicate
  - Similar service, same provider, overlapping dates of service
- Duplicate Conflict
  - Similar service, different provider, overlapping dates of service

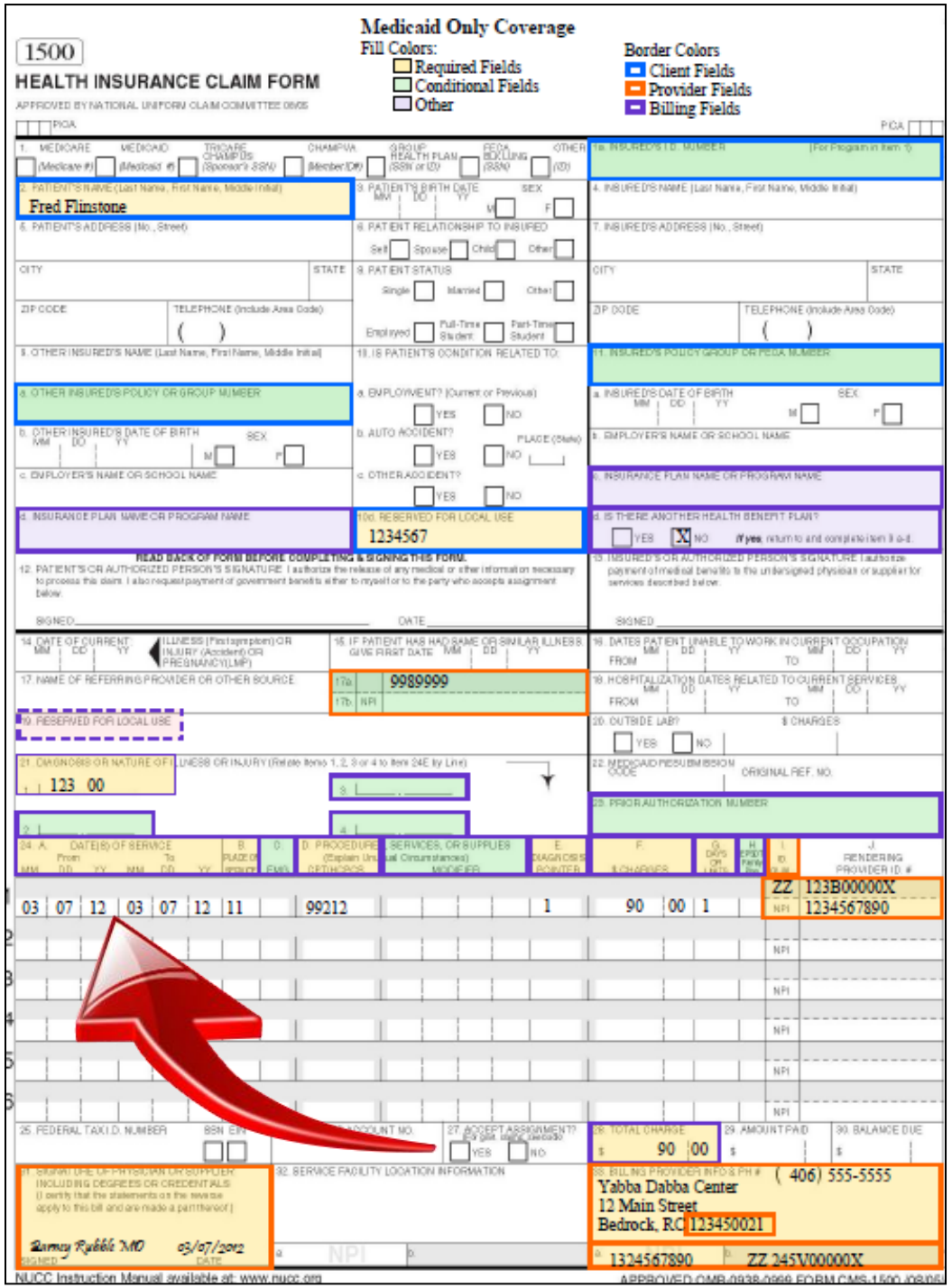
What to do

- Check claim status.
  - Web portal
  - Call Provider Relations
- Check RAs.
- Keep detailed records.
- Bill appropriate modifiers when applicable.

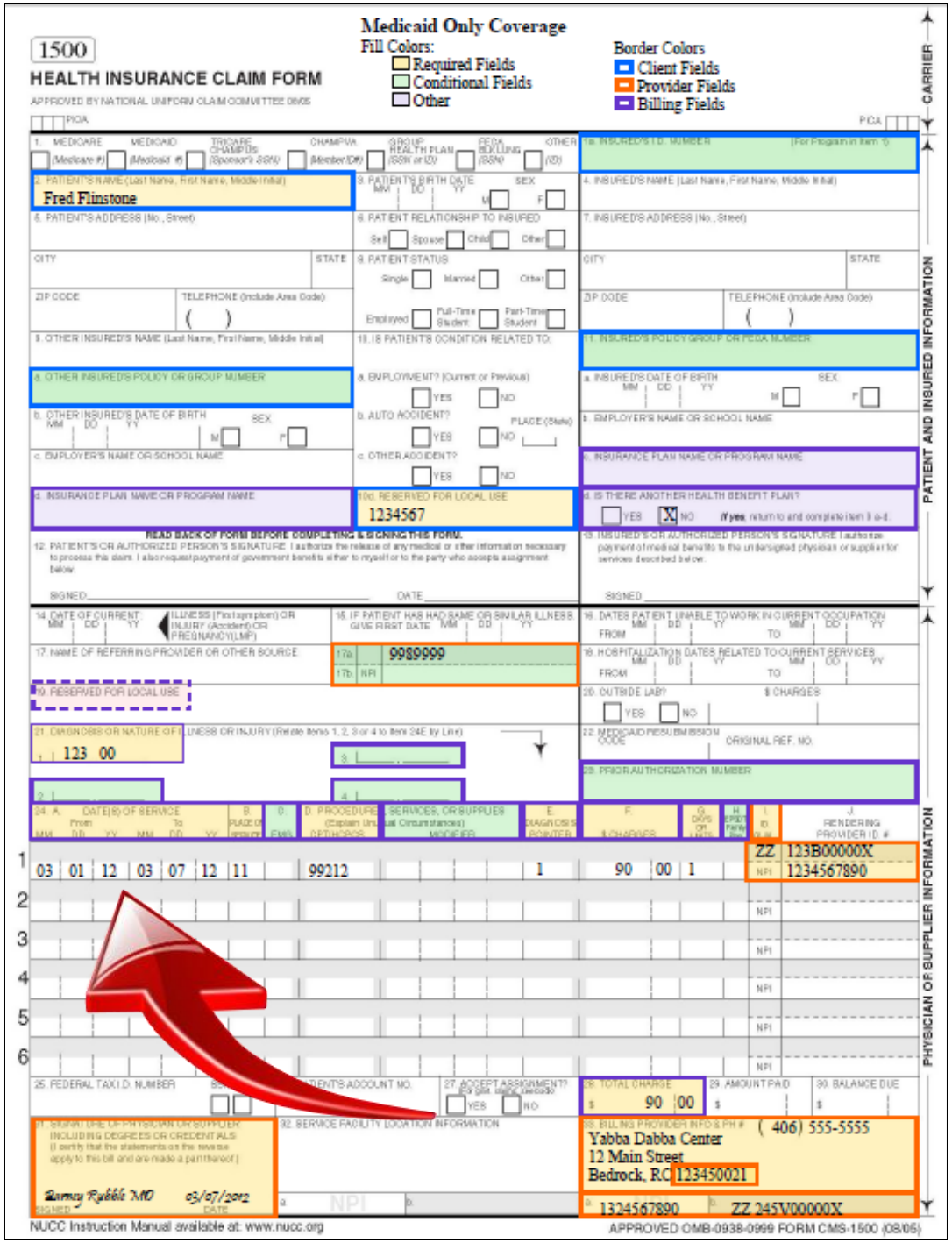
Exact Duplicate



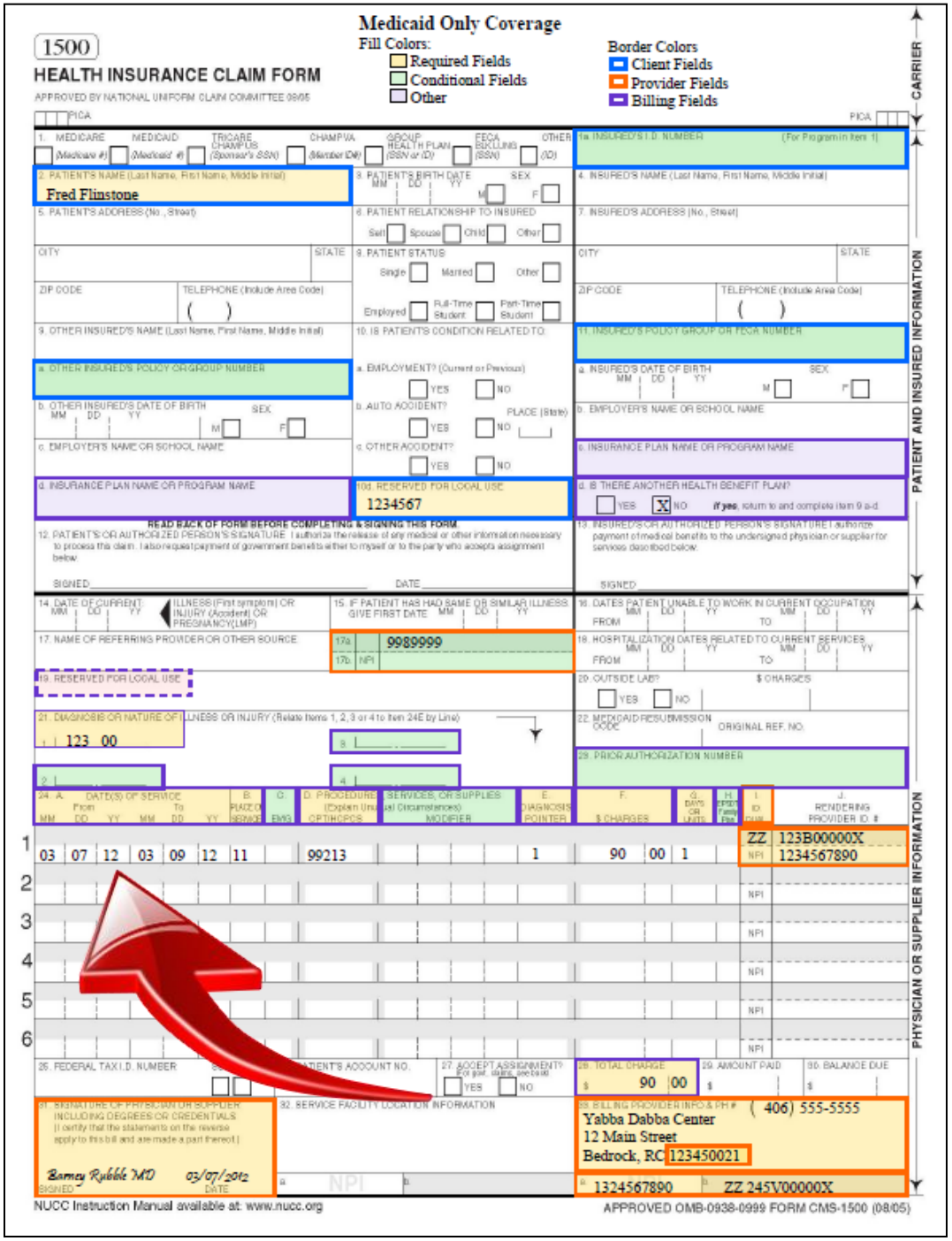
Exact Duplicate



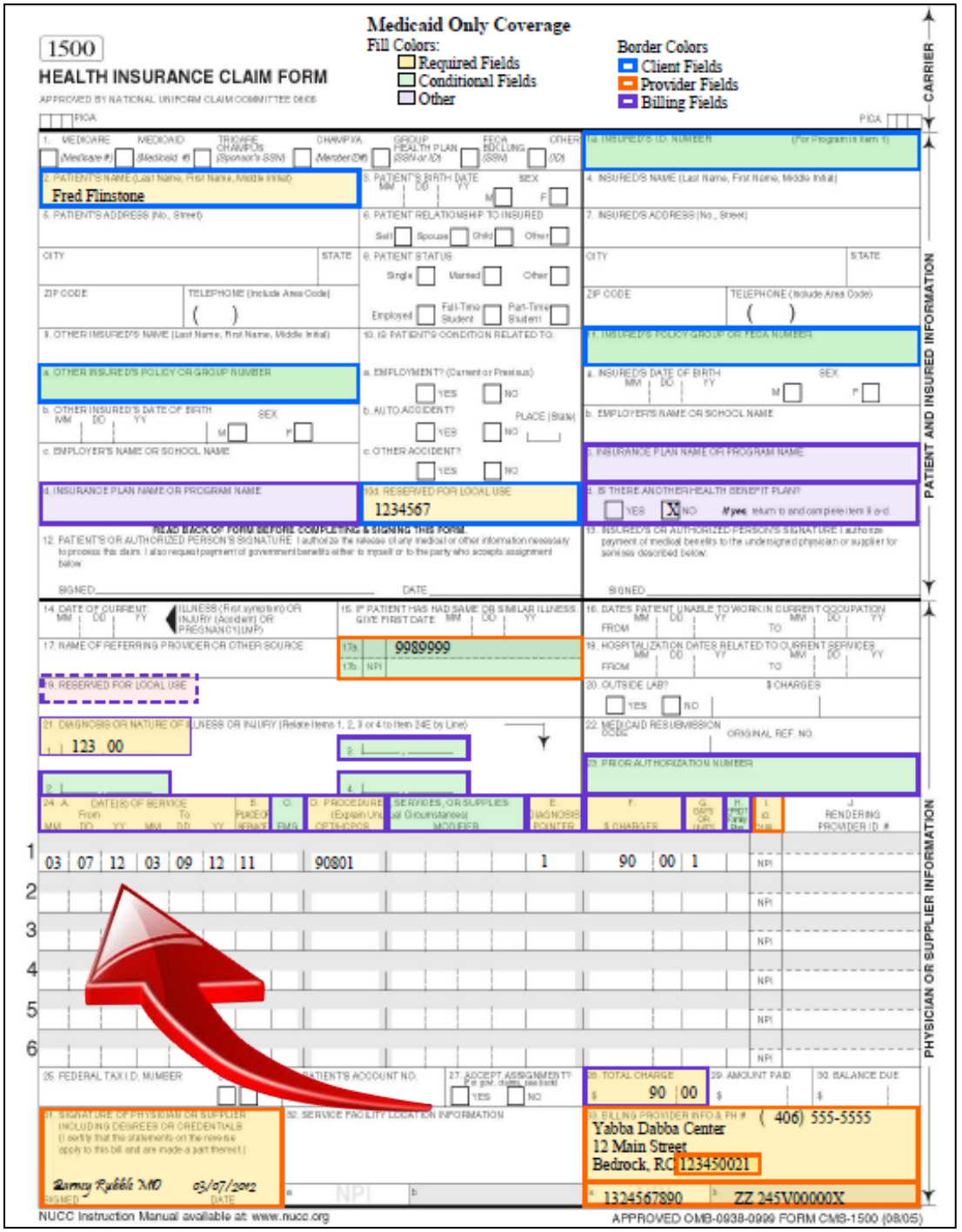
Suspect Duplicate



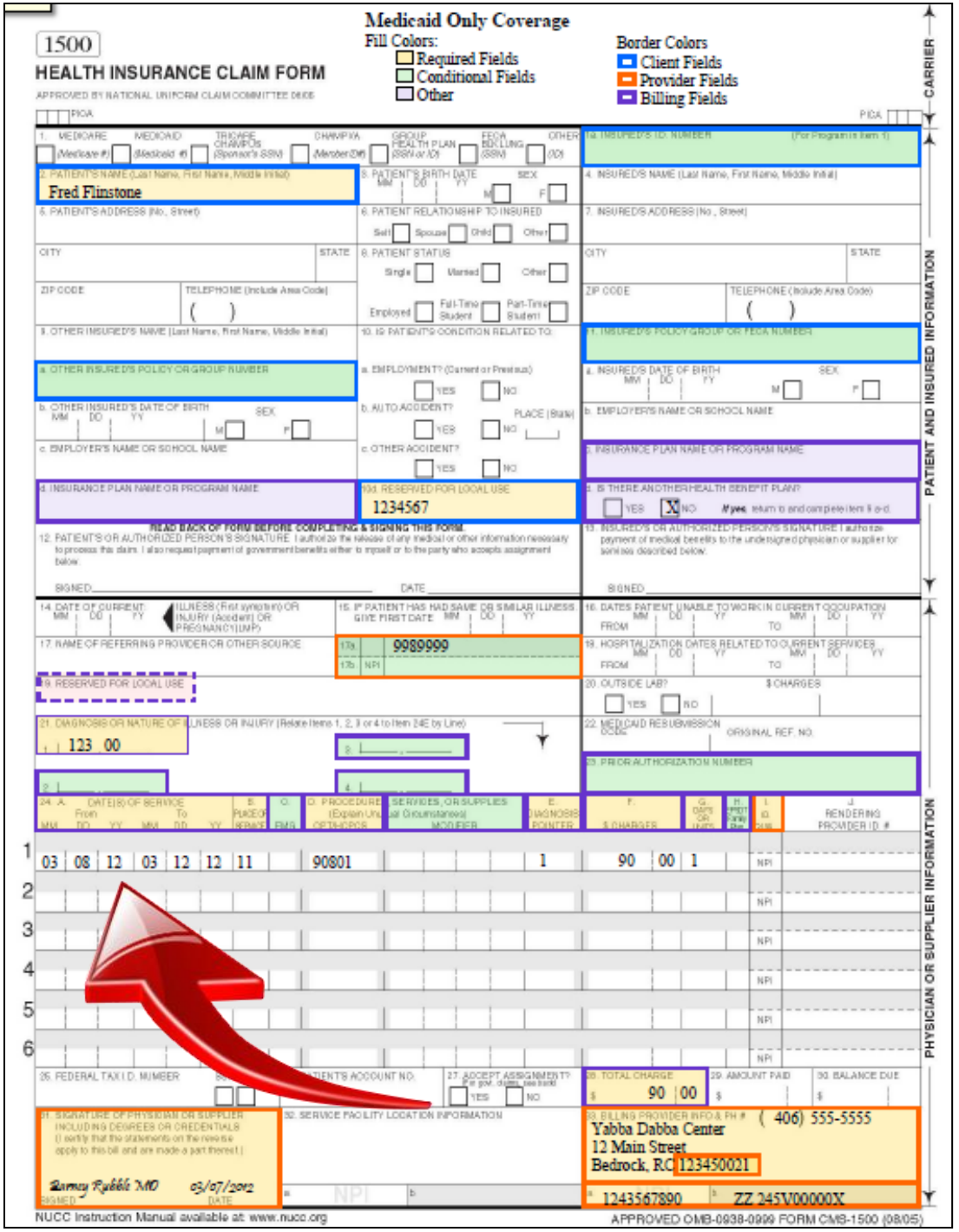
Suspect Duplicate



Duplicate Conflict



Duplicate Conflict



MONTANA
Department of Public Health & Human Services

What you might see on your RA

- **Reason Codes**
  - **18** Duplicate claim/service.
  - **97** Payment is included in the allowance for another service/ procedure.
  - **B13** Previously paid. Payment for this claim/service may have been provided in a previous payment.
- **Remark Codes**
  - **M86** Service denied because payment already made for same/ similar within set time frame.
  - **M144** Pre/Post-Operative care payment is included in the allowance for the surgery/procedure.
  - **M15** Separately billed services/tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed.

```
1234567    Data, Test         07012011 07012011  1.000 99221 204.00   96.66
   ICN 21122000000000000 PATIENT NUMBER=10000

     0000111111 Fred T Flinstone M D
                            07022011 07022011  1.000 59514 1900.00  0.00     B22  B13 M86 B15 M80
                            07032011 07032011  1.000 99231 93.00    0.00     B22
                            07042011 07042011  1.000 99238 154.00   0.00     B22


****THE FOLLOWING IS A DESCRIPTION OF THE REASON/REMARK CODES THAT APPEAR ABOVE ******
B13    PREVIOUSLY PAID. PAYMENT FOR THIS CLAIM/SERVICE MAY HAVE BEEN PROVIDED
       IN A PREVIOUS PAYMENT.
B15    PAYMENT ADJUSTED BECAUSE THIS PROCEDURE/SERVICE IS NOT PAID
       SEPARATELY.
B22    THIS PAYMENT IS ADJUSTED BASED ON THE DIAGNOSIS.
MA04   SECONDARY PAYMENT CANNOT BE CONSIDERED WITHOUT THE IDENTITY OF OR
       PAYMENT INFORMATION FROM THE PRIMARY PAYER. THE INFORMATION WAS EITHER
       NOT REPORTED OR WAS ILLEGIBLE.
M80    NOT COVERED WHEN PERFORMED DURING THE SAME SESSION/DATE AS A
       PREVIOUSLY PROCESSED SERVICE FOR THE PATIENT.
M86    SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE
       WITHIN SET TIME FRAME.
N286   MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.
107    CLAIM/SERVICE DENIED BECAUSE THE RELATED OR QUALIFYING CLAIM/SERVICE
       WAS NOT PREVIOUSLY PAID OR IDENTIFIED ON THIS CLAIM
133    THE DISPOSITION OF THIS CLAIM/SERVICE IS PENDING FURTHER REVIEW.
15     THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE
       BILLED SERVICES OR PROVIDER.
18     DUPLICATE CLAIM/SERVICE.
22     THIS CARE MAY BE COVERED BY ANOTHER PAYER PER COORDINATION OF BENEFITS.
9      THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S AGE.
```

Passport Denials

- Passport referral is not present on the claim.
- Passport referral number is invalid.
- Incorrect Passport referral number for date of service.
- How will I know if a client has a Passport provider?
  - Verify eligibility!
- What must I do to get the Passport number?
  - Call Passport provider for the referral.

Document Tools Window Help

1 / 1 130% Find

( ) Employed Full-Time Student Part-Time Student ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) YES NO

a. INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. OTHER INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. AUTO ACCIDENT? PLACE (State) YES NO

b. EMPLOYER'S NAME OR SCHOOL NAME

c. EMPLOYER'S NAME OR SCHOOL NAME

c. OTHER ACCIDENT? YES NO

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. RESERVED FOR LOCAL USE

1234567

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO *If yes*, return to and complete item 9 a-d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED _____ DATE _____

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED _____

14. DATE OF CURRENT: MM DD YY ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP)

15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM MM DD YY TO

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a. 9954321

17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM MM DD YY TO

19. RESERVED FOR LOCAL USE

20. OUTSIDE LAB? YES NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E)

1. _____

2. _____

3. _____

4. _____

22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #

Medicaid Only

Required Fields are Highlighted

1 Take Time Medical Center
104 Time Square
Helena, MT 59601-0104

2

3a PAT. CNTL # 4806
b MED. REC. # Grisw97531
5 FED. TAX NO.

4 TYPE OF BILL 131

6 STATEMENT COVERS PERIOD FROM 02/01/09 THROUGH 02/01/09

7 9912345

8 PATIENT NAME a Pat.'s ID
b Griswold, Clark

9 PATIENT ADDRESS a 1313 Mockingbird Lane, Metropolis, MT 59601-1313
b c d

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18 19 20 21 22 23 24 25 26 27 28 CONDITION CODES	29 ACDT STATE	30
03/26/30	M	02/01/09	11		1		01			

31 OCCURRENCE CODE DATE | 32 OCCURRENCE CODE DATE | 33 OCCURRENCE CODE DATE | 34 OCCURRENCE CODE DATE | 35 OCCURRENCE SPAN CODE FROM THROUGH | 36 OCCURRENCE SPAN CODE FROM THROUGH | 37

a
b

38
Griswold, Clark
1313 Mockingbird Lane
Metropolis, MT 59601-1313

39 VALUE CODES CODE AMOUNT | 40 VALUE CODES CODE AMOUNT | 41 VALUE CODES CODE AMOUNT

a
b
c
d

	42 REV. CD.	43 DESCRIPTION	NDC	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	450	ER		90760	020111	4	3200 00		
2	636	Other Pharmacy N4 00409909332 UN 5		J3010	020111	1	620 00		
3	270	General Class Medical/Surgical Supplies			020111	110	583 00		
4	300	General Class Laboratory		81001	020111	4	500 00		
5									
6									
7									
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18									
19									
20									
21									

MONTANA
Department of Public Health & Human Services

What you might see on your RA

- **Reason Codes**

  15 Payment adjusted because the submitted authorization number is missing invalid, or does not apply to the billed services or provider.

- **Remark Codes**

  N286 Missing/Incomplete/Invalid referring provider primary identifier.

TPL Denials

- Client has TPL
  - TPL not indicated on the claim.
  - TPL amount not present on the claim.
  - Claim information and EOB do not match.
  - TPL denial does not contain reason and remark codes.

- Claim indicates TPL
  - TPL indicator was checked or information was entered in the TPL section of the claim form.
  - No EOB with Reason and Remark codes were attached.

File Edit View Document Tools Window Help

1 / 1 130% Find

Self Spouse Child Other

CITY	STATE
ZIP CODE	TELEPHONE (Include Area Code) ( )

8. PATIENT STATUS
Single Married Other
Employed Full-Time Student Part-Time Student

CITY	STATE
ZIP CODE	TELEPHONE (Include Area Code) ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

a. OTHER INSURED'S POLICY OR GROUP NUMBER

b. OTHER INSURED'S DATE OF BIRTH MM DD YY SEX M F

c. EMPLOYER'S NAME OR SCHOOL NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10. IS PATIENT'S CONDITION RELATED TO:

a. EMPLOYMENT? (Current or Previous) YES NO

b. AUTO ACCIDENT? PLACE (State) YES NO

c. OTHER ACCIDENT? YES NO

10d. RESERVED FOR LOCAL USE
1234567

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. EMPLOYER'S NAME OR SCHOOL NAME

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? [X] YES [ ] NO *If yes*, return to and complete item 9 a-d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED _____ DATE _____

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize p[illegible]t medical benefits to the undersigned physician or supplier for [illegible]bed below.

SIG[illegible]

14. DATE OF CURRENT: MM DD YY ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP)

15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE MM DD YY

16. DATES PA[illegible]LE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO MM DD YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a.

17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO MM DD YY

19. RESERVED FOR LOCAL USE

20. OUTSIDE LAB? YES NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)

1.

3.

22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

PATIENT AND INSURED INFORMATION

What to do

- Verify patient coverage
- Make sure to include copy of EOBs for denied or entire allowed to deductible claims by primary
  - Reason and remark codes included
- EOBs not required for claims that were paid by primary
- Notify ACS TPL of discrepancies for client coverage

MONTANA
Department of Public Health & Human Services

What you might see on your RA

- **Reason Codes**

  22 Payment adjusted because this care may be covered by another payer per coordination of benefits.

- **Remark Codes**

  N245 Incomplete/Invalid plan information for other insurance.

  MA04 Secondary payment cannot be considered without the identify of or payment information from the primary payer.

Medicare Denials

- Medicare EOB and information on the claim do not match.
- Medicare denied; requesting more information.
- Claim is not on the Medicare EOB.
- Medicare denied claim for a reason that Medicaid will not pay.
- Medicare Reason and Remark codes are not present.

What to do

- Verify patient coverage
- Resubmit corrected claim electronically

- If must bill on paper:
  - Include copy of Medicare EOB for all professional crossovers.
  - Include copy of Medicare EOB for denied institutional crossovers.
  - Medicare EOB is not required for institutional crossovers for paid or deductible.

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What you might see on your RA

- **Reason Codes**

  22 Payment adjusted because this care may be covered by another payer per coordination of benefits.

  177 Payment denied because the patient has not met the required eligibility requirements.

  96 Non-covered charge(s).

- **Remark Codes**

  MA04 Secondary payment cannot be considered without the identify of or payment information from the primary payer.

  N30 Patient ineligible for this service.

  N192 Patient is a Medicaid/Qualified Medicare Beneficiary,

DENIED CLAIMS - MEDICARE OUTPATIENT CROSSOVER

111101111 Data, Test 05182011 05182011 1.000 525 153.00 0.00 107 22 MA04
ICN 21100000000000000 PATIENT NUMBER=10001

*** MEDICARE PAYMENT***** 125.60
CLAIM TOTAL************ 153.00 0.00 107 22 MA04

OUR RECORDS INDICATE THAT THE RECIPIENT LISTED ABOVE HAS INSURANCE WITH

DENIED CLAIMS - MEDICARE OUTPATIENT CROSSOVER

BCBS OF MN

P O BOX 64338
ST PAUL, MN
55164

POLICY #: XZNXZ1111111 GROUP CERT #: RE200AI SUBSCRIBER SSN: 111-10-1111
SUBSCRIBER NAME: Data SUBSCRIBER INITIAL: S

RECIP ID NAME	SERVICE DATES FROM	TO	OF SVC	UNIT PROCEDURE REVENUE NDC	TOTAL CHARGES	ALLOWED	CO-PAY	REASON & REMARK CODES

M86 SERVICE DENIED BECAUSE PAYMENT ALREADY MADE FOR SAME/SIMILAR PROCEDURE WITHIN SET TIME FRAME.
N286 MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.
107 CLAIM/SERVICE DENIED BECAUSE THE RELATED OR QUALIFYING CLAIM/SERVICE WAS NOT PREVIOUSLY PAID OR IDENTIFIED ON THIS CLAIM
133 THE DISPOSITION OF THIS CLAIM/SERVICE IS PENDING FURTHER REVIEW.
15 THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE BILLED SERVICES OR PROVIDER.
18 DUPLICATE CLAIM/SERVICE.
22 THIS CARE MAY BE COVERED BY ANOTHER PAYER PER COORDINATION OF BENEFITS.
9 THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT'S AGE.

Prior Authorization Denials

PA missing

- No PA information was entered on the claim form.

PA invalid

- Wrong PA entered for DOS.
- PA number does not match.
- Billed units or dollars exceeds approved.
- PA is used.

What to do

Check the fee schedules prior to billing.

- www.mtmedicaid.org

Call for a PA.

- Mental Health 1-800-770-3084
- Pharmacy 1-800-395-7961
- Transportation 1-800-292-7114
- All Others 1-800- 262-1545

PAs approved for units, dollars, or both.

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What you might see on your RA

Reason Codes

15 Payment adjusted because the submitted authorization number is missing invalid, or does not apply to the billed services or provider.

198 Precertification/Authorization exceeded.

197 Precertification/Authorization/Notification absent.

125 Payment adjusted due to a submission/billing error(s). Additional information is supplied using the remittance advice remarks codes whenever appropriate.

Remark Codes

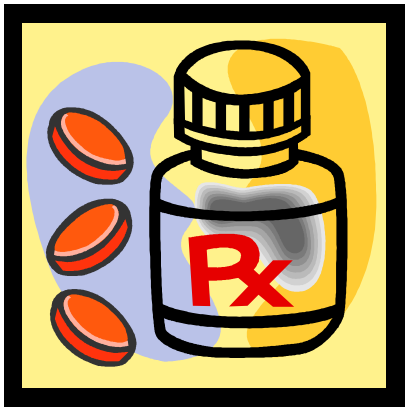
N54 Claim information is inconsistent with pre-certified/authorized services.

MA06 Missing/Incomplete/Invalid beginning and/or ending date(s).

M62 Missing/Incomplete/Invalid treatment authorization code.

National Drug Codes (NDCs)

- What is a National Drug Code?
- What do we need to send with the National Drug Code?
- Where can I go to see if these are rebateable?



What is a National Drug Code?

- An 11-digit number in which the first five represent the manufacturer, the next four the product, and the last two represent the package size.
- The first segment, the labeler code
- The second segment, the product code
- The third segment, the package code

What do we need to send with the NDC?

- N4 qualifier indicates NDC code.
- Need unit of measure and unit qualifier
  - The NDC must be 11 digits long
- Shaded area on paper CMS-1500 claim form, above dates of service
- Form Locator 43 on UB-04
- Loop 2410, Segment LIN, Data Element 4; for electronic claims

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Where can I go to see if this drug is rebateable?

- www.mtmedicaid.org
  - List of eligible drug manufacturer
- Under What's New or Resources by Provider Type
  - NDC assistance
- www.dmepdac.com/crosswalk/index.html

Denial Reasons

- NDC required, but not present
- Invalid NDC
- Units missing
- Qualifier missing

Preventing NDC Denials

- Use available resources
- Determine if rebateable
- Make sure all required info is there
  - N4 qualifier, unit of measure, unit dosage
- Call with any questions (800)-624-3958

below.

SIGNED _____ DATE _____ SIGNED _____

14. DATE OF CURRENT: MM DD YY — ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP)

15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO MM DD YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a. 9989999

17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO MM DD YY

19. RESERVED FOR LOCAL USE

20. OUTSIDE LAB? ☐ YES ☐ NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)

1. 123 00

2.

3.

4.

22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
N4 00026064871 GR 150														ZZ	123B00000X
1 03	07	12	03	07	12	11	0	J2250		1	90	00	1	6 NPI	1234567890
2														NPI	
3														NPI	
4														NPI	
5														NPI	
6														NPI	

PHYSICIAN OR SUPPLIER INFORMATION

25. FEDERAL TAX I.D. NUMBER SSN EIN ☐ ☐

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) ☐ YES ☐ NO

28. TOTAL CHARGE $ 90 00

29. AMOUNT PAID $

30. BALANCE DUE $

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

Barney Rubble MD 03/07/2012

SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION

a. NPI b.

33. BILLING PROVIDER INFO & PH # (406) 555-5555

Yabba Dabba Center

12 Main Street

Bedrock, RC 123450021

a. 1324567890 b. ZZ 245V00000X

NUCC Instruction Manual available at: www.nucc.org

APPROVED OMB-0938-0999 FORM CMS-1500 (08/05)

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Department of Public Health & Human Services

What you might see on your RA

Reason Codes

211 National Drug Code (NDC) not eligible for rebate, are not covered.

Remark Codes

M119 Missing/incomplete/invalid National Drug Code (NDC).

M123 Missing/incomplete/invalid name, strength, or dosage of drug furnished.

Preventing Attending, Rendering, and Pay-To Errors

- What to look for:
  - Attending billed on the UB-04 Institutional Claim.
  - Rendering billed on the CMS-1500 Professional Claim.
  - Billing/Pay-To required on all claims regardless of type.

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Attending, Rendering, and Pay-To Providers

- Attending providers:
  - See handout for required attending
  - If not required do **not** bill attending
  - Loop 2310A, Segment NM1
  - Form Locators 76, 77, 78, 79

- Rendering providers:
  - See handout for required rendering
  - If not required do **not** bill rendering
  - Loop 2310B, Segment NM1
  - Field 24L, 24J

- Pay-to providers:
  - CMS-1500 (Professional) = 33a (NPI) & 33b (Taxonomy)
  - UB-04 (Institutional) = 56 (NPI) & 81cc (Taxonomy)
  - NPI in Loop 2010AA, Segment NM1
  - Taxonomy code in Loop 2000A, Segment PRV

Attending, Rendering, and Pay-To Denials

- Possible denials reasons:
  - Attending or rendering billed but not required
  - Attending or rendering required but not present
  - Not billed with NPI, billed with Vendor #
- Atypical providers bill with API #

Preventing Attending, Rendering, Pay-to Denials

- Verify Attending/Rendering relevancy
- Verify correct entry on claim form/e-claim
- Be sure to include taxonomy code
- Make sure the NPI is enrolled prior to billing

MONTANA
Department of Public Health & Human Services

What you might see on your RA

Reason Codes

16 Claim/service lacks information which is needed for adjudication.

Remark Codes

N290 Missing/incomplete/invalid rendering primary identify.

N257 Missing/incomplete/invalid billing provider/supplier primary identifier.


Questions?

MONTANA
Department of Public Health & Human Services

Web Exploration:

Using the Available Resources

www.mtmedicaid.org

Covered in This Section

- What's New?
- Resources by Provider Type
  - Provider Manuals
  - Fee Schedules
  - Etc.
- Forms
- Electronic Billing Guides
- Definitions and Acronyms
- Provider Newsletters
- Site Map

What's New

- New postings
- Delays in retrievals (e.g., eSOR!s, 835s)
- Relevant Information
- Tips

NEW PROVIDER ENROLLMENT OR EXISTING PROVIDER REENROLLMENT

MONTANA MEDICAID CLIENT INFORMATION PROVIDER INFORMATION

Log in to Montana Access to Health

NEW 5010 HIPAA Information

Claim Instructions

Contact Us

Definitions and Acronyms

Early and Periodic Screening, Diagnosis and Treatment

Electronic Billing

Electronic Billing Companion Guides

Electronic Health Records Incentives

Emergency Services

FAQs

Montana Medicaid Provider Information

WHAT'S NEW ON THE SITE THIS WEEK

Web Portal Unavailable During Upgrade
The Montana Access to Health (MATH) web portal will be undergoing an upgrade and will be unavailable **from Friday, March 23 at 8 p.m. until Monday, March 26 at 6:00 a.m.**

ACS Is Now Xerox

Two years ago Xerox acquired Affiliated Computer Services (ACS), combining the Xerox strength in document technology with the ACS expertise in managing and automating work processes.

We are now retiring the ACS brand in many areas and bringing our technology and services portfolio together under the Xerox brand. Effective April 1, 2012, ACS State Healthcare, LLC will officially become Xerox State Healthcare, LLC.

The transition to Xerox will occur in the upcoming months, so you will see a new logo and new e-mail addresses. Our services and team will remain the same, and you will continue dealing with the same people.

We will continue to update you as we complete the transition.

Spring Provider Fair 2012

Provider Fair 2012 is scheduled for May 15–16, 2012, at the Great Northern Hotel in Helena. The Provider Fair agenda and course descriptions are now available.

Register for Montana Health Care Programs Provider Fair courses at the link

Definitions and Acronyms

- Alphabetized
- Brief description
- Selectable by letter
- Confused? Check it out …

NEW PROVIDER ENROLLMENT OR EXISTING PROVIDER REENROLLMENT

MONTANA MEDICAID CLIENT INFORMATION

PROVIDER INFORMATION

Log in to Montana Access to Health

5010 HIPAA Information

Claim Instructions

Contact Us

Definitions and Acronyms

Early and Periodic Screening, Diagnosis and Treatment

Electronic Billing

Electronic Billing Companion Guides

Electronic Health Records Incentives

Emergency Services

Medicaid Definitions and Acronyms

DPHHS Acronyms

Definitions

Numeric A B C D E F G H I L M N O P Q R S T U

Numeric

340B
Section 340B of the Public Health Service Act limits the cost of covered outpatient drugs to certain federal grantees, federally qualified health center look-alikes and qualified hospitals. Participation in the program results in significant savings estimated to be 20% to 50% on the cost of pharmaceuticals for qualified providers.

A

Adjudication Cycle
The system processing of claims at the point where a decision has been made to pay, deny, or suspend.

Adjustment
A transaction that changes any payment or other claim information on a previously paid claim.

Administrative Rules of Montana (ARM)
The rules published by the executive departments and agencies of the state

Electronic Billing

- Getting started
- EDI enrollment forms
- Three ways to submit
  - Clearinghouse
  - Direct (Software)
  - Direct (WINASAP)

NEW PROVIDER ENROLLMENT OR EXISTING PROVIDER REENROLLMENT

MONTANA MEDICAID CLIENT INFORMATION

PROVIDER INFORMATION

Log in to Montana Access to Health

NEW 5010 HIPAA Information

Claim Instructions

Contact Us

Definitions and Acronyms

Early and Periodic Screening, Diagnosis and Treatment

Electronic Billing

Electronic Billing Companion Guides

Electronic Health Records Incentives

Emergency Services

FAQs

Electronic Billing

Electronic Billing. It's fast and it's free!

Whether you submit one claim a month, or hundreds, any provider can benefit from switching from paper to electronic billing. Whether by using the free WINASAP5010 software or by using a clearinghouse to submit claims, electronic billing is faster, more accurate, and more secure. Electronic claims can be processed for payment in as little as a week versus three to four weeks to process a paper claim. All you need is a personal computer (Windows 98 and above) and a standard phone line to submit electronically via WINASAP5010.

In only three easy steps, you can be set up to submit your Medicaid claims electronically.

STEP 1: Click on the "EDI Enrollment" link below or download the following enrollment application forms. Complete and submit these forms to the address/fax number listed on the enrollment form.

EDI Submitter Enrollment Packet for X12 Transactions

- EDI Submitter Enrollment Form Instructions
- EDI Submitter Enrollment Form
- EDI Trading Partner Agreement
- EDI Trading Partner/Business Associate Agreement

EDI Provider Enrollment Packet for X12 Transactions

- EDI Provider Enrollment Form Instructions
- EDI Provider Enrollment Form
- EDI Trading Partner Agreement

Forms

- Adjustment Request
- Paperwork Attachment
- W-9
- Blanket Denial
- Direct Deposit
- And many more …

NEW PROVIDER ENROLLMENT OR EXISTING PROVIDER REENROLLMENT

MONTANA MEDICAID CLIENT INFORMATION

PROVIDER INFORMATION

Log in to Montana Access to Health

5010 HIPAA Information

Claim Instructions

Contact Us

Definitions and Acronyms

Early and Periodic Screening, Diagnosis and Treatment

Electronic Billing

Electronic Billing Companion Guides

Electronic Health Records Incentives

Emergency Services

FAQs

Forms

Forms are listed by name:
A–C | D–F | G–K | L–O | P–Q | R–Z

Forms A–C

Abortion Form
08/1998

Address Correction Form
Physical address change must be accompanied by a completed W-9 form.
05/2011

Adjustment Request Form
12/2010

Ambulance Trip Log
01/2008

Attachment Coversheet for Paperwork
12/2010

Authorization for Health Disclosure
03/2003

Blanket Denial Request for TPL
05/2009

Frequently Asked Questions

- Based on topics
- Troubleshooting
- Got questions? Get answers!

NEW PROVIDER ENROLLMENT OR EXISTING PROVIDER REENROLLMENT

MONTANA MEDICAID CLIENT INFORMATION

PROVIDER INFORMATION

Log in to Montana Access to Health

NEW 5010 HIPAA Information

Claim Instructions

Contact Us

Definitions and Acronyms

Early and Periodic Screening, Diagnosis and Treatment

Electronic Billing

Electronic Billing Companion Guides

Electronic Health Records Incentives

Emergency Services

FAQs

Frequently Asked Questions

Topics:

Billing and Electronic Transactions

1. **Should our office test submitting claims with our clearinghouse?**

   Yes, if you are using a new clearinghouse, it is important to ensure claims will be accepted by Montana Health Care Programs following all billing requirements.

2. **We received an error report (824) from our clearinghouse or ACS saying our NPI and/or taxonomy is not on file. What could be the cause?**

Site Map

- Navigate with ease
- Covered services
- Prior authorization contacts
- Statistics

NEW PROVIDER ENROLLMENT OR EXISTING PROVIDER REENROLLMENT

MONTANA MEDICAID CLIENT INFORMATION PROVIDER INFORMATION

Log in to Montana Access to Health

NE 5010 HIPAA Information

Claim Instructions

Contact Us

Definitions and Acronyms

Early and Periodic Screening, Diagnosis and Treatment

Electronic Billing

Electronic Billing Companion Guides

Electronic Health Records Incentives

Emergency Services

FAQs

Site Map

Log in to Montana Access to Health

Log in to Montana Access to Health

Medicaid Information

Tips for Using This Site
General Information
Client Eligibility
Prior Authorization
Medicaid Covered Services
Local Offices of Public Assistance
Program Policy Contacts
General Key Contacts
Key Websites
Medicaid Statistics

Medicaid News

Program Aimed at Reducing Misuse of Montana Medicaid Set to Double Its Enrollment

Montana Medicaid Provider Website Now Offers Online Medical History

RAs Now Available on Montana Medicaid Provider Website; More Features Planned

Medicare Part D Prescription Benefits News

Resources by Provider Type

- Provider manuals
- Fee schedules
- Notices and replacement pages
- Key contacts
- Other resources

NEW PROVIDER ENROLLMENT OR EXISTING PROVIDER REENROLLMENT

MONTANA MEDICAID CLIENT INFORMATION

PROVIDER INFORMATION

Log in to Montana Access to Health

5010 HIPAA Information

Claim Instructions

Contact Us

Definitions and Acronyms

Early and Periodic Screening, Diagnosis and Treatment

Electronic Billing

Electronic Billing Companion Guides

Electronic Health Records Incentives

Emergency Services

FAQs

End User Agreement for Providers

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I accept	I do not accept

License for Use of "Physicians' Current Procedural Terminology" (CPT)

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"You, your employees, and agents are authorized to use CPT only as contained in the following authorized materials (fee schedules, training materials, publications and guidelines) internally within your organization within the United States for the sole use by yourself, employees, and agents. Use is limited to use in Medicare, Medicaid, or other programs administered by the Centers for Medicare & Medicaid Services (CMS). You agree to take all necessary steps to insure that your employees and agents abide by the terms of this agreement.

NEW PROVIDER ENROLLMENT OR EXISTING PROVIDER REENROLLMENT

MONTANA MEDICAID CLIENT INFORMATION

PROVIDER INFORMATION

Log in to Montana Access to Health

5010 HIPAA Information

Claim Instructions

Contact Us

Definitions and Acronyms

Early and Periodic Screening, Diagnosis and Treatment

Electronic Billing

Electronic Billing Companion Guides

Electronic Health Records Incentives

Emergency Services

FAQs

Select Your Provider Type

Provider types beginning with:
A — C | D — F | G — K | L — O | P — Q | R — Z

Provider Types From A–C

Ambulance (Updated March 19, 2012)
Ambulatory Surgical Center (Updated March 19, 2012)
Audiologist (Updated March 19, 2012)
Chemical Dependency (Updated March 19, 2012)
Chiropractor (QMB) (Updated March 19, 2012)
Clinic (Freestanding Dialysis) (Updated March 19, 2012)
Clinic (Public Health) (Updated March 19, 2012)

Back to Top

Provider Types From D–F

Dental (Dentist, Dental Hygienist) (Updated March 19, 2012)
Denturist (Updated March 19, 2012)
Dialysis Clinic (Freestanding) (Updated March 19, 2012)
Dialysis (Home) (Updated March 19, 2012)
Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) (Updated March 21, 2012)
EPSDT (Updated March 19, 2012)
Eyeglasses (Updated March 22, 2012)
Family Planning (Updated March 19, 2012)
Federally Qualified Health Care Center (FQHC) (Updated March 19, 2012)

Back to Top

Provider Types From G–K

Provider Manuals

- Downloads to PDF file
- *General Information for Providers* manual
  - Same for every provider
- Provider type specific
  - Includes specifics regarding type

r 5010 HIPAA Information
Claim Instructions
Contact Us
Definitions and Acronyms
Early and Periodic Screening, Diagnosis and Treatment
Electronic Billing
Electronic Billing Companion Guides
Electronic Health Records Incentives
Emergency Services
FAQs
Forms
Health Improvement Program
Medicaid Fraud and Abuse
Medicaid Information
Medicaid News
National Provider Identifier
Nurse First
Passport to Health
Provider Locator Search
Provider Newsletters
Resources by Provider Type (manuals, fee schedules, notices, etc)
Site Map
Team Care

Provider Manuals

General Information for Providers **Updated February 2012**
Medicaid billing manual with general information for all provider types.
03/2012

Physician-Related Services
This manual has billing instructions specific to your provider type.
07/2008

Mental Health Services – Adult
This manual has billing instructions specific to your provider type.
07/2011

Mental Health Services – Children **Updated September 2011**
This manual has billing instructions specific to your provider type.
10/2011

Prescription Drug Program **Updated August 2011**
This manual has information specific to your provider type.
09/2011

Passport to Health Provider Handbook
Everything providers need to know to become a successful Passport provider.
09/2005

Back to Top

Medicaid Rules/Regulations

Administrative Rules of Montana (ARM)
Montana Code Annotated (MCA)
Code of Federal Regulations (CFR)

Back to Top

Fee Schedules

Current ATP Fee Schedule in Excel Format
01/2012

Fee Schedules

- Codes
- Reimbursement rates
- Prior authorization
- Units and limits

(manuals, fee schedules, notices, etc)
Site Map
Team Care
Training
Upcoming Events
Web Links

Online Enrollment Tutorial
Online NPI Reenrollment Tutorial
Online Montana Access to Health Tutorial

Fee Schedules

Current ATP Fee Schedule in Excel Format
01/2012

Current ATP Fee Schedule in PDF Format
01/2012

Current Fee Schedule in PDF Format
01/2012

Current Fee Schedule in Excel Format
01/2012

Current Fee Schedule for Medicaid Mental Health and MHSP Services for Clients Under 18 Years of Age in PDF Format
09/2011

Previous Fee Schedule in PDF Format **Updated November 2011**
09/2011

Previous Fee Schedule in Excel Format **Updated November 2011**
09/2011

Current Fee Schedule for 72-Hour Presumptive Eligibility Program for Crisis Stabilization for Individuals 18 years of Age and Older in PDF Format
09/2011

Previous Fee Schedule in PDF Format
02/2011

Notices and Replacement Pages

- Up to date
- Organized by date
- When in doubt, check it out

Notices and Replacement Pages

(for prescription medication notices, see the Pharmacy page)

02/29/2012

02/15/2012
Non-Coverage of Artificial Disc

02/13/2012
Emergency Room Services Update

01/06/12
Smoking and Tobacco Use Cessation Counselor Services

01/06/12
Psychiatric Residential Treatment Facility (PRTF) Prior Authorization Start Date Must Match Admission Date

12/12/11
Qualifier for Anesthesia Services on HIPAA 5010 837P Transactions

11/07/11
Provider Information on HIPAA 5010 837 Health Care Claim Transactions

11/04/11
Meeting the Requirements of HIPAA 5010 When Reporting National Drug Codes on Electronic 837I and 837P Transactions **Updated November 16**

11/02/11
Smart PA® Prior Authorization for Synagis®

10/20/11

Other Resources

- 2010 ATP tests and fee schedule
- Criteria for specific services
- EOB R&R crosswalk

Other Resources

EOB R&R Crosswalk in PDF Format

EOB R&R Crosswalk in Excel Format

With the implementation of HIPAA, Medicaid will discontinue the use of Medicaid EOB codes and begin using HIPAA standard reason and remark (R&R) codes. This document crosswalks the HIPAA standard R&R codes to the Medicaid EOB codes.
02/2011

Service Matrix

Medicaid Mental Health Plan and Mental Health Services Plan (MHSP) for Youth services excluded from simultaneous reimbursement
01/2011

Previous ATP Fees

2010 ATP tests and fee schedule
02/2010

Most Commonly Used NDCs
12/2009

Self Audit Policy and Procedure
04/2009

Carrier ID List

TPL insurance carriers listed by carrier ID
06/2007

Carrier ID List

TPL insurance carriers listed by name
06/2007

Key Contacts

- Claims
- Eligibility
- Policy
- County Offices

Health and Human Services.

Back to Top

Key Contacts

Physicians
11/2008

Claims
03/2012

Public Assistance Offices
03/2012

Client Eligibility
03/2012

HMK/CHIP
12/2010

Passport
03/2012

Policy Information
03/2012

Prior Authorization
03/2012

Back to Top

Provider Newsletters

- *Claim Jumper* monthly newsletter
- Search using “Find”

NEW PROVIDER ENROLLMENT OR EXISTING PROVIDER REENROLLMENT

MONTANA MEDICAID CLIENT INFORMATION

PROVIDER INFORMATION

Log in to Montana Access to Health

NEW 5010 HIPAA Information

Claim Instructions

Contact Us

Definitions and Acronyms

Early and Periodic Screening, Diagnosis and Treatment

Electronic Billing

Electronic Billing Companion Guides

Electronic Health Records Incentives

Emergency Services

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NEW PROVIDER ENROLLMENT OR EXISTING PROVIDER REENROLLMENT

MONTANA MEDICAID CLIENT INFORMATION

MONTANA MEDICAID PROVIDER INFORMATION

Log in to Montana Access to Health

NEW 5010 HIPAA Information

Claim Instructions

Contact Us

Definitions and Acronyms

Early and Periodic Screening, Diagnosis and Treatment

Electronic Billing

Electronic Billing Companion Guides

Electronic Health Records Incentives

Montana Medicaid Newsletters

CLAIM JUMPER NEWSLETTER

Volume XXVII, Issue 4, April 2012

- Publications Reminder
- Spring Provider Fair 2012
- ACS Is Now Xerox
- Vaccines for Children (VFC) Training
- Professional Claims EPSDT Indicator Issue
- Professional Crossover Claims Issue
- Rate Change for RHCs and FQHCs
- POA Value of Space
- Nurse First Services and Usage
- Recent Publications
- Top 15 Denial Reasons

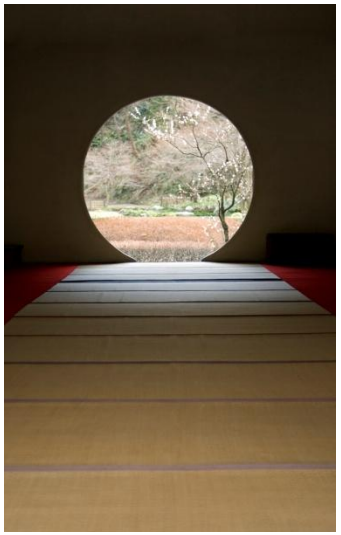
Volume XXVII, Issue 3, March 2012

- Publications Reminder
- Provider Fair 2012
- Smoking and Tobacco Use Cessation Counselor Services
- CSCT Program Changes
- Be a Healthy Montana Kids Enrollment Partner
- POA Value of Space for Diagnosis Code Exempt from POA Reporting
- Nurse First Services and Usage


Questions?

MONTANA
Department of Public Health & Human Services

The Montana Access to Health Web Portal:



Getting Started

- www.mtmedicaid.org
- Log into Montana Access to Health
- Complete EDI enrollment
- Welcome packet

Getting Registered

- EDI Provider Enrollment Form
- EDI Trading Partner Agreement (PDF)
- Electronic Billing Agreement
- Complete and fax in

NEW 5010 HIPAA Information
Claim Instructions
Contact Us
Definitions and Acronyms
Early and Periodic Screening, Diagnosis and Treatment
Electronic Billing
Electronic Billing Companion Guides
Electronic Health Records Incentives
Emergency Services
FAQs
Forms
Health Improvement Program
Medicaid Fraud and Abuse
Medicaid Information
Medicaid News
National Provider Identifier
Nurse First
Passport to Health
Provider Locator Search
Provider Newsletters
Resources by Provider Type (manuals, fee schedules, notices, etc)
Site Map
Team Care

In only three easy steps, you can be set up to submit your Medicaid claims electronically.

STEP 1: Click on the "EDI Enrollment" link below or download the following enrollment application forms. Complete and submit these forms to the address/fax number listed on the enrollment form.

EDI Submitter Enrollment Packet for X12 Transactions

- EDI Submitter Enrollment Form Instructions
- EDI Submitter Enrollment Form
- EDI Trading Partner Agreement
- EDI Trading Partner/Business Associate Agreement

EDI Provider Enrollment Packet for X12 Transactions

- EDI Provider Enrollment Form Instructions
- EDI Provider Enrollment Form
- EDI Trading Partner Agreement
- EDI Trading Partner/Business Associate Agreement

If you are a new electronic submitter in the State of Montana, an electronic billing agreement (EBA) form may be required before submitting electronic transactions.

- Electronic Billing Agreement (EBA)

Use the following electronic additional provider spreadsheet if you are submitting on behalf of more than 25 providers. Please call the ACS EDI Gateway Support Unit at (800) 987-6719 for instructions on how to submit this spreadsheet with your enrollment forms.

- Additional Provider Spreadsheet

For more information on EDI enrollment, click on the "EDI Enrollment" link below.

STEP 2: Click on the "WINASAP5010" link below to download the WINASAP5010

NEW PROVIDER ENROLLMENT OR EXISTING PROVIDER REENROLLMENT

MONTANA MEDICAID CLIENT INFORMATION

PROVIDER INFORMATION

Log in to Montana Access to Health

Claim Instr...

Contact Us

Definitions and Acr...

Early and Periodic Screening, Diagnosis and Treatment

Electronic Billing

Electronic Billing Companion Guides

Montana Medicaid Provider Information

WHAT'S NEW ON THE SITE THIS WEEK

Presidents' Day Holiday Delay
Due to the holiday, paper checks will be delayed until Tuesday, February 22, 2011.

HIPAA 5010 Deadline Closer Than You Think!
All electronic X12 transactions must be submitted in the HIPAA 5010-compliant format beginning January 1, 2012.

Contact your software vendor and/or clearinghouse to make sure they are prepared to meet the deadline so that your claims processing is not delayed. For WINASAP users, a 5010-compliant version will be available later this year.

Watch for more details about plans for Montana Health Care Programs to be ready to accept and return transactions in the 5010 format and for other information related to 5010.

Coming Soon — Spring 2011 Provider Training Via WebEx
Watch the *Claim Jumper* for more information!


Welcome to Montana Access to Health Web Portal! - Windows Internet Explorer
https://mtaccesstohealth.acs-shc.com/mt/general/home.do
google
File Edit View Favorites Tools Help
Share Browser WebEx
Welcome to Montana Access to Health Web Portal!
Page Tools
mt.gov
Montana's Official State Website
DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES
Montana Access to Health Web Portal
Help
Log In
Web Registration
Provider Enrollment
Provid Portal
Virtual Pavili
EDI
Provider Locator
Welcome to Montana Access to Health Web Portal!
Montana Access to Health Web Portal provides the tools and resources to help healthcare providers conduct business electronically. If you have already registered to use the Montana Access to Health Web Portal, Log In below. If you have already completed a Montana Enrollment Form, but have not yet registered to use the Montana Access to Health Web Portal, click the Web Registration button on the left side of this page to begin. If you are a new provider or have not already completed a Montana Enrollment Form, visit Provider Enrollment for step-by-step instructions.
og In
User ID and Password and click 'Log In.' If you do not have a User ID and Password, contact your Office Administrator.
User ID:
Password:
Log In
Forgot Your Password?
Many documents available through the Montana Access to Health Web Portal are in PDF format. In order to view them, Adobe Acrobat Reader must be installed on your machine. If it is not, download this program by clicking on the link above.
Done
Internet
150%

Montana Access to Health Web Portal

Help

- Log In
- Web Registration
- Provider Enrollment
- Provider Web Portal Home
- Virtual Pavilion
- EDI
- Provider Locator

Web Portal Registration

Step One - Verification Set Up Process

* *denotes required field(s)*

Montana Access to Health Web Portal requires registration for use of its secure functions. Step one is a verification process and step two is the creation/selection of the first Office Administrator (OA) for your organization. This OA will be responsible for managing users within your organization.

If you anticipate managing more than one Provider Number, enter the Submitter ID in both the Provider Number and Submitter ID fields. Otherwise, enter your Provider Number in the Provider Number field. Then fill in the other required fields and click 'Continue.' This information will be used for verification purposes only.

Note : If you are a healthcare provider and you are not managing more than one NPI or Provider Number, only your NPI will be accepted in the 'NPI or Provider Number' field.

* NPI or Provider Number: * EIN/SSN:

* Submitter ID**: * Submitter Password:

Continue Clear Fields

Montana Access to Health Web Portal

Help

- Log In
- Web Registration
- Provider Enrollment
- Provider Web Portal Home
- Virtual Pavilion
- EDI
- Provider Locator

Web Portal Registration

Step One - Verification Set Up Process

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Note : If you are a healthcare provider and you are not managing more than one NPI or Provider Number, only your NPI will be accepted in the 'NPI or Provider Number' field.

* NPI or Provider Number:	7779999	* EIN/SSN:	123456789
* Submitter ID**:	7779999	* Submitter Password:	●●●●●●●

Continue Clear Fields

** Submitter ID is the Trading Partner ID

Montana Access to Health Web Portal

Help

Web Portal Registration

Step One Continued - Confirm Profile

If this is you, click 'Continue.' If this is not you, click 're-enter Information.' If any information is incorrect, contact Provider Services to update it at 1-800-624-3958.

Organization:	MONTANA TEST	Provider Number:	7779999
EIN:	123456789	Submitter ID:	7779999
Address:	PO BOX 12345		
	ANYTOWN, MT 59601		

Continue Cancel Re-enter Information

For assistance, visit Help or contact the Montana Access to Health Web Portal Help Center at 1-800-624-3958.
Site last modified: 2006.02.16
Build Version: prod-003.2 2006.02.16 - 85

Go to top of page

Web Portal Registration

Step One Continued - Add Additional Submitter IDs

The following list displays the Submitter IDs* added to your Montana Access to Health Web Portal organization profile. Only Submitter IDs in your Montana Access to Health Web Portal profile will be used to reference transactions. If additional Submitter IDs need to be entered, enter a Submitter ID and Password and click 'Add.' Repeat as necessary. When the list below represents all of your Submitter IDs, click 'Continue.'

* *denotes required field(s)*

* Submitter ID: * Submitter Password: Add Clear Fields

Verified Submitter IDs

7779999

Continue Cancel

* Submitter ID is the Trading Partner ID

Go to top of page

Web Portal Registration

Step Two - Create Your First Office Administrator

You must now create your first Office Administrator (OA) by creating a new user or assigning this privilege to an existing user.

An OA will have the authority to create/edit/delete the portal users within your office staff. Every organization must have at least one OA at any given time. If your sole OA is no longer a member of your staff, you must contact the Montana Access to Health Web Portal Help Center at 1-800-624-3958 and have them assign you another OA. It is recommended you make yourself the first OA of your organization.

Select one of the following options:

Create a new user to be your first Office Administrator.

Assign an existing user to be your first Office Administrator.

Cancel

Go to top of page

MT Web Portal -Web Portal Registration - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Search Favorites

Address https://mtaccesstohealth.acs-shc.com/mt/general/enterNewOA.do Go Links

Montana Access to Health Web Portal

Help

Web Portal Registration

Step Two Continued - Create A New User As Your First Office Administrator

Enter the information below to create your first Office Administrator (OA) and click 'Continue.'

Follow the rule below for creating a unique User ID for the first OA in your organization. It is recommended that you create a User ID that can be easily remembered by you and your OA. If the User ID already exists in the Montana Access to Health Web Portal, you will be prompted to create a different User ID.

- A User ID must have a minimum of 6 and a maximum of 14 characters.

* *denotes required field(s)*

* User ID:	bbunny		
* Last Name:	Bunny	* First Name:	Big
* E-mail:	big.bunny@acs-inc.com	* Confirm E-mail:	big.bunny@acs-inc.com
* Phone Number:	4065551111 (i.e. ##########)		

Continue Cancel Clear Fields

For assistance, visit Help or contact the Montana Access to Health Web Portal Help Center at 1-800-624-3958.
Site last modified: 2006.02.16
Build Version: prod-003.2 2006.02.16 - 85

Go to top of page

Done Internet

Montana Access to Health Web Portal

Help

Web Portal Registration

Step Two Continued - Confirm Your First Office Administrator

Confirm the information entered for your Office Administrator. If there is an error, click 'Re-enter Information.' If everything is correct, click 'Submit.'

User ID:	bbunny
Last Name:	bunny
First Name:	big
E-mail:	big.bunny@acs-inc.com
Phone Number:	4065551111

Submit Cancel Re-enter Information

For assistance, visit Help or contact the Montana Access to Health Web Portal Help Center at 1-800-624-3958.
Site last modified: 2006.02.16
Build Version: prod-003.2 2006.02.16 - 85

Go to top of page

mt.gov
Montana's Official State Website

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Montana Access to Health Web Portal

Help

Web Registration Completed

Thank you...

You have successfully registered for Montana Access to Health Web Portal.

Your Office Administrator (OA) contact information is displayed below. Print a copy for your records. For best results, choose a landscape paper orientation from the print dialog box that appears.

User ID:	bbunny
Last Name:	bunny
First Name:	big
E-mail:	big.bunny@acs-inc.com
Phone Number:	4065551111

The Security Privileges only allow this user to perform Office Administrator functions. They do not allow a user to perform any other functions (X12 Uploads, X12 Downloads, and View Client Eligibility). If this OA needs the ability to access other areas of the system, log in and navigate to Update or Remove User. Grant access to the appropriate functions. The new Security Privileges take effect the next time the user logs in. If there is a need to access the new system functions immediately, the user needs to log out and then log back in after successfully submitting the changes.

If your first OA is a new user, an e-mail was sent to him/her with a single use password (which must be changed upon logging in for the first time). If the e-mail address listed above is incorrect, call the Montana Access to Health Web Portal Help Center at 1-800-624-3958 to edit this information and send you a new password. If your first OA is a previously existing user, his/her current password is applicable.

In order to set up other office staff for your organization, your OA should log in from the home page and go to Manage Users.

Home

MONTANA
Department of Public Health & Human Services

Update User Privileges

- Office administrator
- Add or remove privileges
- Update user information

mt.gov
Montana's Official State Website

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Montana Access to Health Web Portal

Exit | Help

HOME INQUIRIES SUBMISSIONS RETRIEVALS MANAGE USERS MY ACCESS

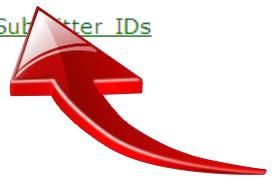
MT DPHHS

Montana Access to Health Web Portal Home Page

Navigate to any of the functions in the Web portal by clicking the following links or by using the top navigation bar. For information about each function, click the corresponding column header. Click on 'My Profile,' located in the 'My Access' section, to display your current Montana Access to Health Web Portal profile. You will be able to perform only those tasks allowed by the user privileges assigned to you.

Site Contents

Inquiries	Submissions	Retrievals	Manage Users	My Access
Eligibility	Upload Files	View/Download Files	Add New User to Organization	My Profile
Claim Status		View e!SOR Reports	Add Existing User to Organization	Change Organization
Provider Payment Summary		My Inbox	Update or Remove Users/Reset Password	Change Password
Claims-based Medical History			Manage Submitter IDs	Manage Proxies
Electronic Health Record				
Ask Provider Relations				
Provider Locator				



ATTENTION PROVIDERS: The Electronic Health Record link has been added to allow you to view your patients' claims medical history. If you need this access and do not have it, please contact your office administrator. E-prescribing is now available. Please contact your office administrator to add prescribing rights to your user account.

You've logged into the organization displayed under the navigation bar on the right. This organization will be used to determine the Provider Number and Submitter IDs you can use for your transactions (i.e., Inquiries, Submissions and Retrievals). To change this organization, click 'Change Organization' and follow the instructions.

MT Web Portal -Update or Remove Users - Search - Windows Internet Explorer

https://mtaccesstohealth.acs-shc.com/mt/secure/searchUsers.do

File Edit View Favorites Tools Help

Share Browser WebEx

MT Web Portal -Update or Remove Users - Search

mt.gov
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Montana Access to Health Web Portal

Exit | Help

HOME INQUIRIES SUBMISSIONS RETRIEVALS MANAGE USERS MY ACCESS

Home > Manage Users > Update or Remove Users - Search

MT DPHHS

Update or Remove Users - Search

Correct the following errors and continue.

- Your request does not match a user in the system. Check your information and try again.

To update or remove a user from your organization, first search for the existing user. You may reset a user's password from the 'Update User' page. Search for users by following the guidelines below and then clicking 'Search':

- Enter partial information followed by an asterisk (*) to submit a wildcard search.
- Leave all fields blank to search for all users associated with your organization.

User ID: bbunny Last Name: First Name:

Search Clear Fields

Done

Internet

125%

mt.gov
Montana's Official State Website

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Montana Access to Health Web Portal

Update or Remove Users

Click the 'User ID' link to update that user's profile or reset his/her password. To remove one or more users, select the associated checkbox(es) and click 'Remove Users.'

User List *

Organization	NPI or Provider Number	Last Name	First Name	User ID	Role	Remove
MT DPHHS	1110928	Bunny	Big	bbunny	OA	☐

Remove User(s)

mt.gov
Montana's Official State Website

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Montana Access to Health Web Portal

Exit | Help

Home > Update or Remove Users - Search > Update User

Portal Administration

Update User

To update this user, change the information below and click 'Submit.' The Phone Number and E-mail fields are organization specific. The Last Name and First Name fields will update across all organizations. To reset the user's password, click 'Reset Password.'

* *denotes required field(s)*

* User ID:	bbunny	* Organization:	MT DPHHS
* Last Name:	Bunny	* First Name:	Big
* E-mail:	big.bunny@acs-inc.com	* Confirm E-mail:	big.bunny@acs-inc.com
* Phone Number:	4064497963 (i.e. ##########)		

Security Privileges

- [x] Verify Eligibility
- [x] Check Claim Status
- [x] View Provider Payment
- [x] Upload Files
- [x] Download Files
- [x] Office Administrator
- [x] View e!SOR Reports
- [ ] View Medical History
- [ ] View Electronic Health Record
- [ ] Prescriber Privileges

Submit Cancel Reset Password Reset Fields

For [illegible] Help or contact the Montana Access to Health Web Portal Help Center at 1-800-624-3958.
Site last [illegible]d: 2011.02.21
Build Versio[illegible]-008.18 2011.02.21 - 85

Go to top of page

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Checking Eligibility on the Web Portal

Is this person eligible?

How will I know?

What you can expect to see

- Monthly date spans
- One day authorization
- Advantages
  - If client has TPL
  - If client has a Passport provider
  - If client has Full or Basic coverage
  - Other types of coverage information
    - QMB
    - SLMB
    - Medicare
    - HMK
    - PRTF

mt.gov
Montana's Official State Website

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Montana Access to Health Web Portal

Exit | Help

HOME INQUIRIES SUBMISSIONS RETRIEVALS MANAGE USERS MY ACCESS

MT DPHHS

Montana Access to Health Web Portal Home Page

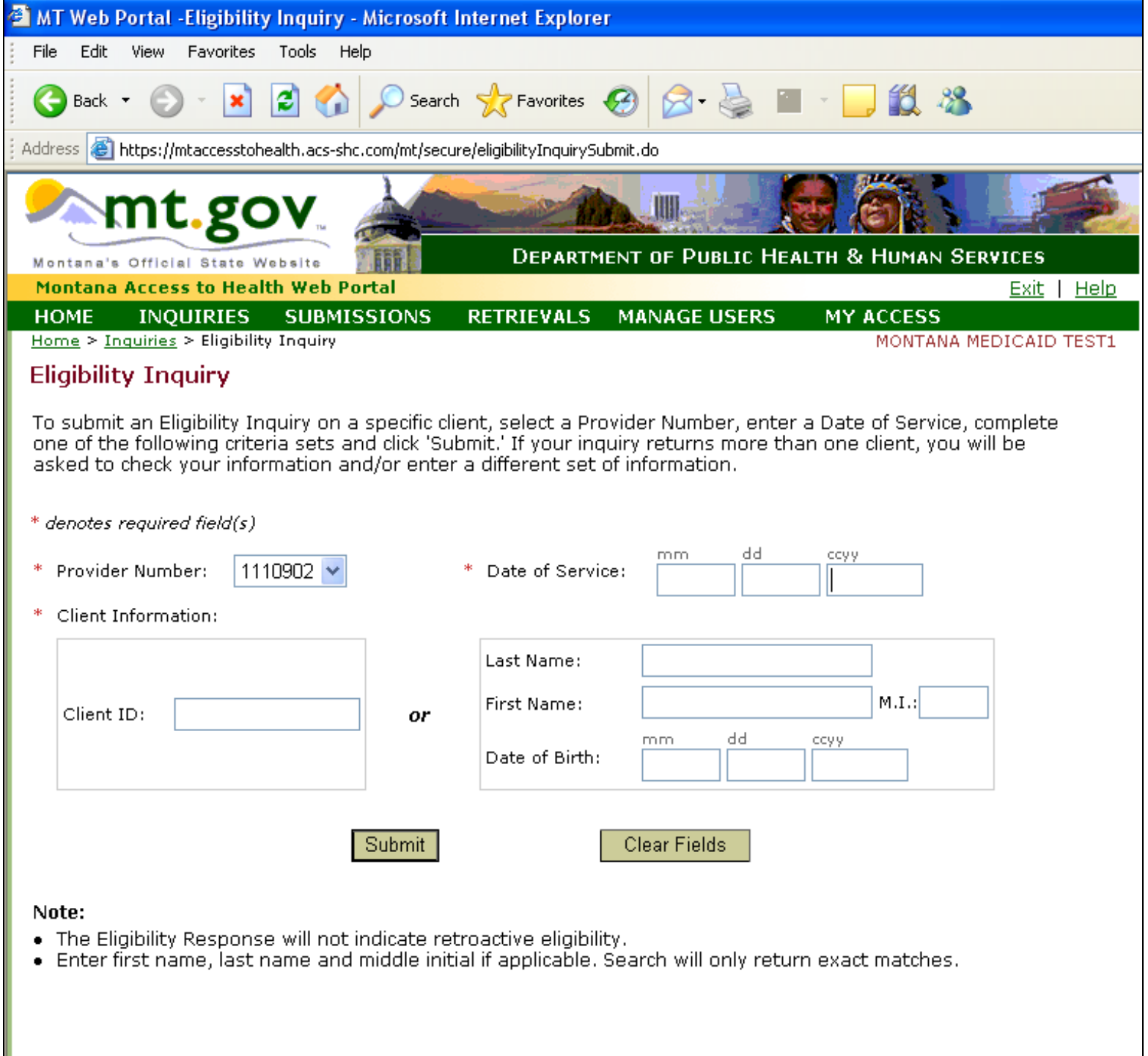
Navigate to any of the functions in the Web portal by clicking the following links or by using the top navigation bar. For information about each function, click the corresponding column header. Click on 'My Profile,' located in the 'My Access' section, to display your current Montana Access to Health Web Portal profile. You will be able to perform only those tasks allowed by the user privileges assigned to you.

Site Contents

Inquiries	Submissions	Retrievals	Manage Users	My Access
Eligibility	Upload Files	View/Download Files	Add New User to Organization	My Profile
Claim tatus		View e!SOR Reports	Add Existing User to Organization	Change Organization
Pro ment Summary		My Inbox	Update or Remove Users/Reset Password	Change Password
Claims- d Medical History			Manage Submitter IDs	Manage Proxies
Electronic H Record				
Ask Provider Relations				
Provider Locator				

ATTENTION PROVIDERS: The Electronic Health Record link has been added to allow you to view your patients' claims medical history. If you need this access and do not have it, please contact your office administrator. E-prescribing is now available. Please contact your office administrator to add prescribing rights to your user account.

You've logged into the organization displayed under the navigation bar on the right. This organization will be used to determine the Provider Number and Submitter IDs you can use for your transactions (i.e., Inquiries, Submissions and Retrievals). To change this organization, click 'Change Organization' and follow the instructions.


MT Web Portal -Eligibility Inquiry - Microsoft Internet Explorer
File Edit View Favorites Tools Help
Back Search Favorites
Address https://mtaccesstohealth.acs-shc.com/mt/secure/eligibilityInquirySubmit.do
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Montana's Official State Website
DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES
Montana Access to Health Web Portal
Exit | Help
HOME INQUIRIES SUBMISSIONS RETRIEVALS MANAGE USERS MY ACCESS
Home > Inquiries > Eligibility Inquiry
MONTANA MEDICAID TEST1
Eligibility Inquiry
To submit an Eligibility Inquiry on a specific client, select a Provider Number, enter a Date of Service, complete one of the following criteria sets and click 'Submit.' If your inquiry returns more than one client, you will be asked to check your information and/or enter a different set of information.
* denotes required field(s)
* Provider Number: 1110902
* Date of Service: mm dd ccyy
* Client Information:
Client ID:
or
Last Name:
First Name:
M.I.:
Date of Birth: mm dd ccyy
Submit
Clear Fields
Note:
• The Eligibility Response will not indicate retroactive eligibility.
• Enter first name, last name and middle initial if applicable. Search will only return exact matches.


MT Web Portal -Eligibility Inquiry - Windows Internet Explorer
https://mtaccesstohealth.acs-shc.com/mt/secure/eligibilityInquiryHome.do
File Edit View Favorites Tools Help
Share Browser WebEx
MT Web Portal -Eligibility Inquiry
mt.gov
Montana's Official State Website
DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES
Montana Access to Health Web Portal
Exit | Help
HOME INQUIRIES SUBMISSIONS RETRIEVALS MANAGE USERS MY ACCESS
Home > Inquiries > Eligibility Inquiry
MT DPHHS
Eligibility Inquiry
To submit an Eligibility Inquiry on a specific client, select a Provider Number, enter a Date of Service, complete one of the following criteria sets and click 'Submit.' If your inquiry returns more than one client, you will be asked to check your information and/or enter a different set of information.
* denotes required field(s)
* NPI or Provider Number: 1110928
* Date of Service: mm 02 dd 15 ccyy 2011
* Client Information:
Client ID: 123456789
or
Last Name:
First Name:
M.I.:
Date of Birth: mm dd ccyy
Submit
Clear Fields
Note:
• The Eligibility Response will not indicate retroactive eligibility.


MT Web Portal -Eligibility Inquiry Confirmation - Microsoft Internet Explorer
File Edit View Favorites Tools Help
Back Search Favorites
Address https://mtaccesstohealth.acs-shc.com/mt/secure/eligibilityInquiry.do
mt.gov
Montana's Official State Website
DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES
Montana Access to Health Web Portal
Exit | Help
HOME INQUIRIES SUBMISSIONS RETRIEVALS MANAGE USERS MY ACCESS
Home > Inquiries > Eligibility Inquiry > Eligibility Inquiry Confirmation
MONTANA MEDICAID TEST1
Eligibility Inquiry Confirmation
If this is the client you wish to inquire on, click 'View Client Eligibility.'
Client Original ID: 123456789
Name: TEST, DATA
Date of Birth: 01/01/1980
Gender Code: M: Male
Back to Eligibility Inquiry
View Client Eligibility
For assistance, visit Help or contact the Montana Access to Health Web Portal Help Center at 1-800-624-3958.
Site last modified: 2006.02.16
Build Version: prod-003.2 2006.02.16 - 85
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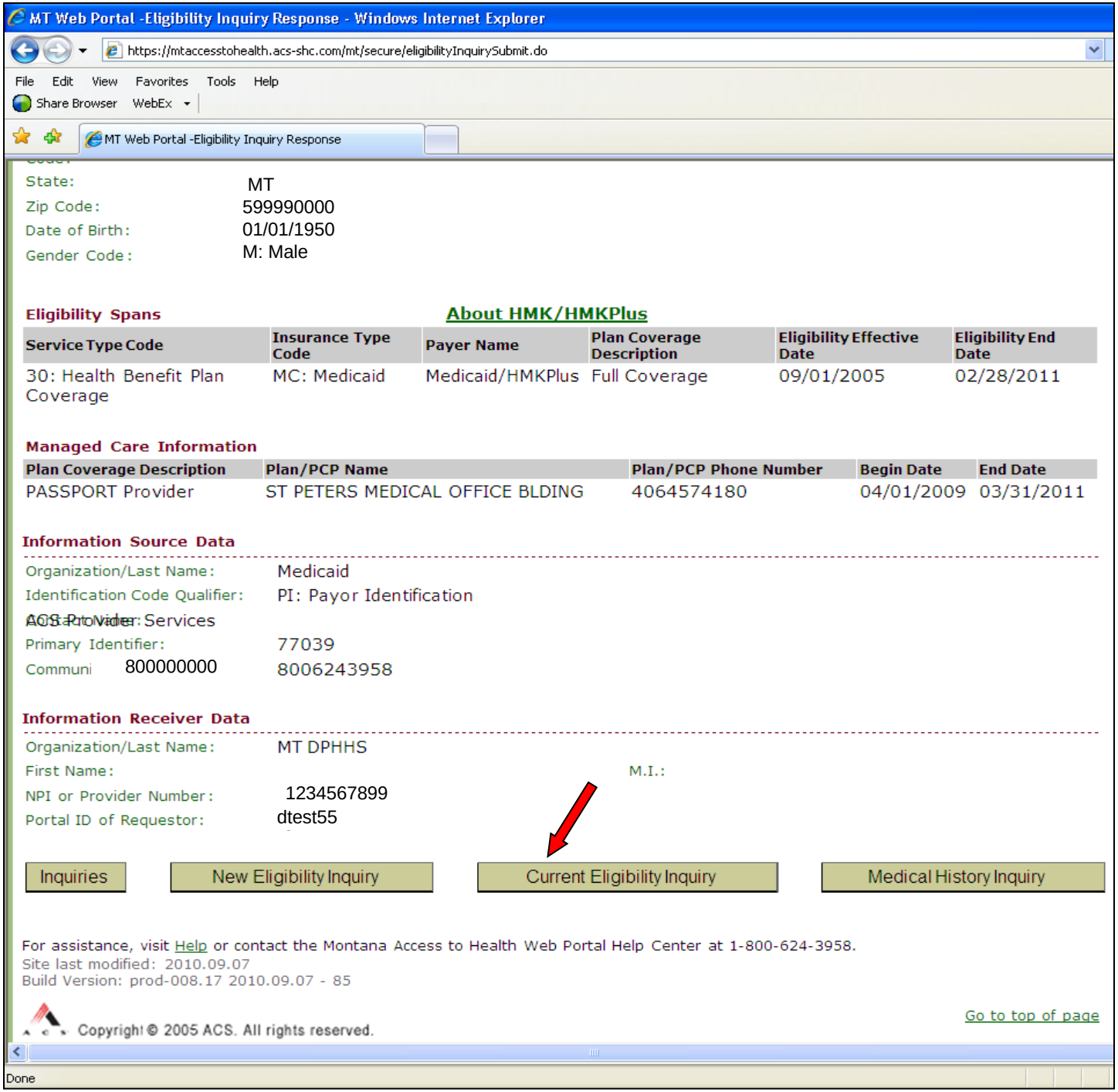
Go to top of page
Done

Full Coverage


MT Web Portal -Eligibility Inquiry Response - Windows Internet Explorer
https://mtaccesstohealth.acs-shc.com/mt/secure/eligibilityInquirySubmit.do
File Edit View Favorites Tools Help
Share Browser WebEx
MT Web Portal -Eligibility Inquiry Response
mt.gov
Montana's Official State Website
DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES
Montana Access to Health Web Portal
Exit | Help
HOME INQUIRIES SUBMISSIONS RETRIEVALS MANAGE USERS MY ACCESS
Home > Inquiries > Eligibility Inquiry > Eligibility Inquiry Confirm > Eligibility Inquiry Response
MT DPHHS
Eligibility Inquiry Response
Client Demographic Information
Client Original ID: 123456789
Client Current ID: 001111111
Client Member ID: 1111111
Name: Test Data
Address: 123 Main St
Waterside
City:
County Code: 25
State: MT
Zip Code: 599990000
Date of Birth: 01/01/1950
Gender Code: M: Male
NPI or Provider ID: 1234567899
Date of Service: 02/15/2011
Valid Request Indicator:
Reject Reason Code:
Follow-up Action Code:
Date of Death:
Trace Number: 210000000100000000T
Eligibility Spans
About HMK/HMKPlus
Service Type Code | Insurance Type Code | Payer Name | Plan Coverage Description | Eligibility Effective Date | Eligibility End Date
30: Health Benefit Plan Coverage | MC: Medicaid | Medicaid/HMKPlus | Full Coverage | 09/01/2005 | 02/28/2011
Managed Care Information
Plan Coverage Description | Plan/PCP Name | Plan/PCP Phone Number | Begin Date | End Date
PASSPORT Provider | ST PETERS MEDICAL OFFICE BLDING | 4064574180 | 04/01/2009 | 03/31/2011
Information Source Data
Done


MT Web Portal -Eligibility Inquiry Response - Windows Internet Explorer
https://mtaccesstohealth.acs-shc.com/mt/secure/eligibilityInquirySubmit.do
File Edit View Favorites Tools Help
Share Browser WebEx
MT Web Portal -Eligibility Inquiry Response
State: MT
Zip Code: 599990000
Date of Birth: 01/01/1950
Gender Code: M: Male
Eligibility Spans
About HMK/HMKPlus
Service Type Code
Insurance Type Code
Payer Name
Plan Coverage Description
Eligibility Effective Date
Eligibility End Date
30: Health Benefit Plan Coverage
MC: Medicaid
Medicaid/HMKPlus
Full Coverage
09/01/2005
02/28/2011
Managed Care Information
Plan Coverage Description
Plan/PCP Name
Plan/PCP Phone Number
Begin Date
End Date
PASSPORT Provider
ST PETERS MEDICAL OFFICE BLDING
4064574180
04/01/2009
03/31/2011
Information Source Data
Organization/Last Name: Medicaid
Identification Code Qualifier: PI: Payor Identification
ACS Provider Services
Primary Identifier: 77039
Communi 800000000 8006243958
Information Receiver Data
Organization/Last Name: MT DPHHS
First Name:
M.I.:
NPI or Provider Number: 1234567899
Portal ID of Requestor: dtest55
Inquiries
New Eligibility Inquiry
Current Eligibility Inquiry
Medical History Inquiry
For assistance, visit Help or contact the Montana Access to Health Web Portal Help Center at 1-800-624-3958.
Site last modified: 2010.09.07
Build Version: prod-008.17 2010.09.07 - 85
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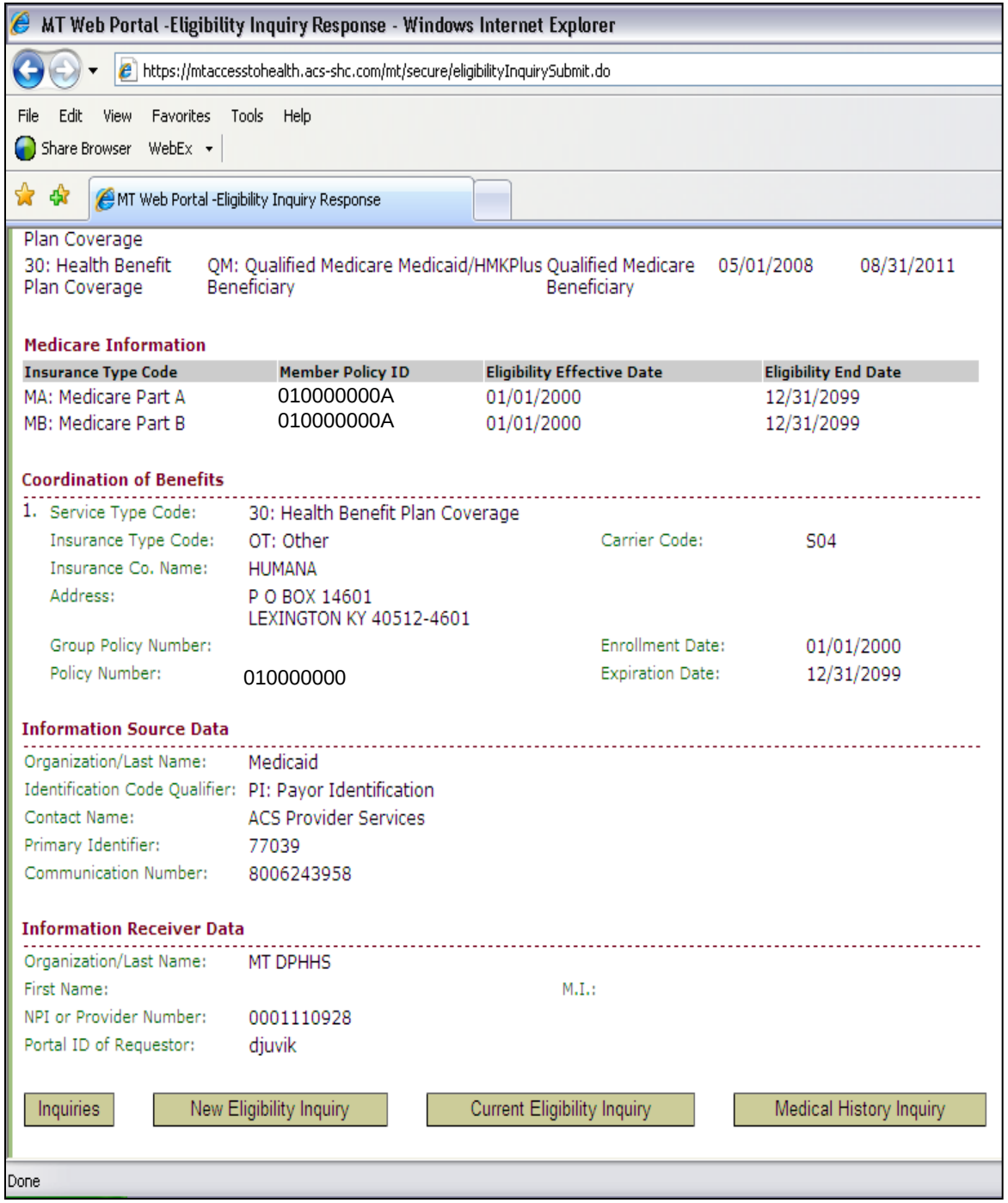
Go to top of page
Done

MONTANA
Department of Public Health & Human Services

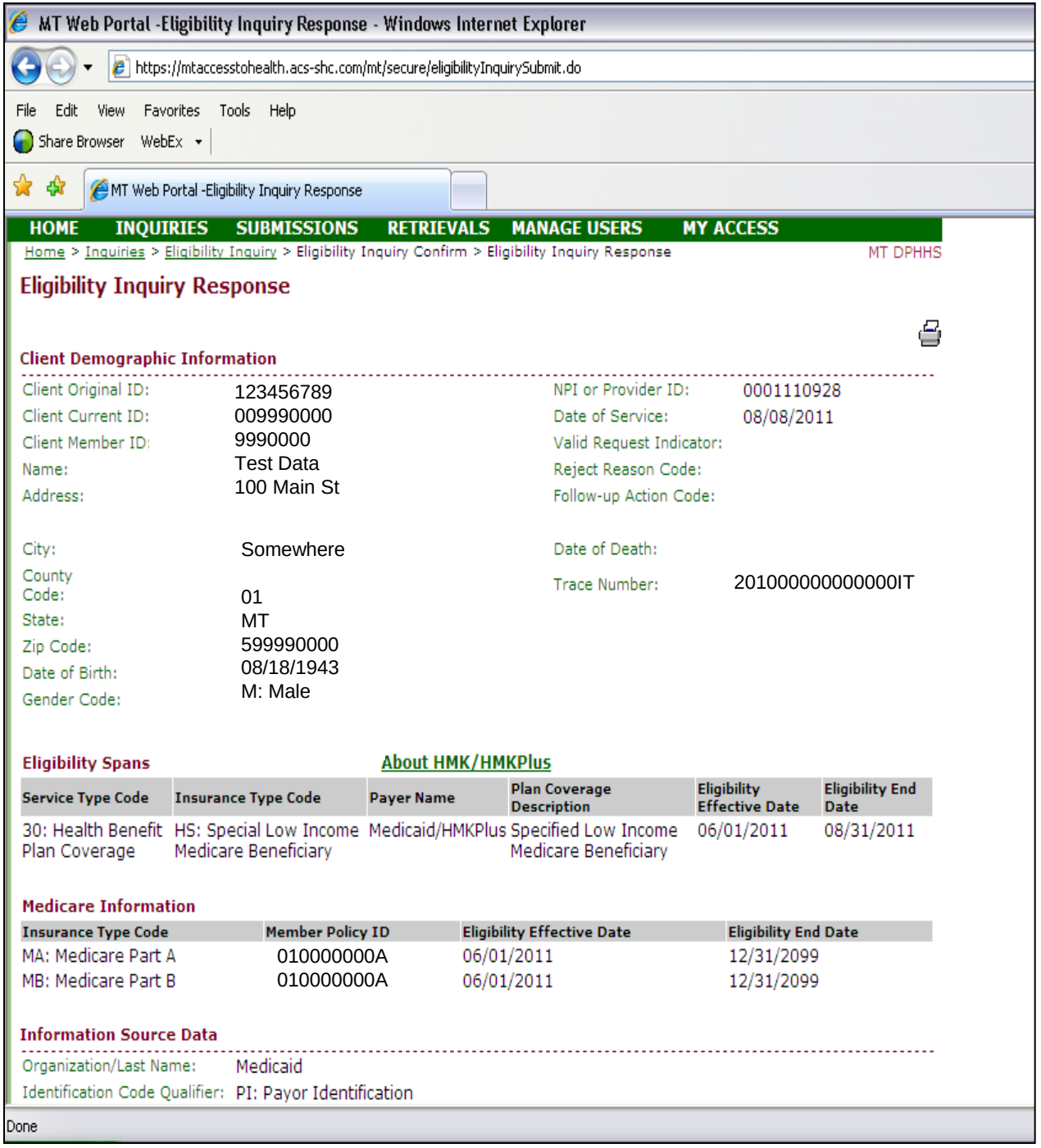
Medicaid and Medicare Eligibility


MT Web Portal -Eligibility Inquiry Response - Windows Internet Explorer
https://mtaccesstohealth.acs-shc.com/mt/secure/eligibilityInquirySubmit.do
File Edit View Favorites Tools Help
Share Browser WebEx
MT Web Portal -Eligibility Inquiry Response
mt.gov
Montana's Official State Website
DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES
Montana Access to Health Web Portal
Exit | Help
HOME INQUIRIES SUBMISSIONS RETRIEVALS MANAGE USERS MY ACCESS
Home > Inquiries > Eligibility Inquiry > Eligibility Inquiry Confirm > Eligibility Inquiry Response
MT DPHHS
Eligibility Inquiry Response
Client Demographic Information
Client Original ID: 123456789
Client Current ID: 009990000
Client Member ID: 9990000
Name: Test Data
Address: 100 Main St
City: Somewhere
County Code: 01
State: MT
Zip Code: 599990000
Date of Birth: 08/18/1943
Gender Code: M: Male
NPI or Provider ID: 0001110928
Date of Service: 08/08/2011
Valid Request Indicator:
Reject Reason Code:
Follow-up Action Code:
Date of Death:
Trace Number: 20100000000000OIT
Eligibility Spans
About HMK/HMKPlus
Service Type Code	Insurance Type Code	Payer Name	Plan Coverage Description	Eligibility Effective Date	Eligibility End Date
30: Health Benefit Plan Coverage	MC: Medicaid	Medicaid/HMKPlus	Full Coverage	08/01/2011	08/31/2011
30: Health Benefit Plan Coverage	QM: Qualified Medicare Beneficiary	Medicaid/HMKPlus	Qualified Medicare Beneficiary	05/01/2008	08/31/2011
Medicare Information
Done


MT Web Portal -Eligibility Inquiry Response - Windows Internet Explorer
https://mtaccesstohealth.acs-shc.com/mt/secure/eligibilityInquirySubmit.do
File Edit View Favorites Tools Help
Share Browser WebEx
MT Web Portal -Eligibility Inquiry Response
Plan Coverage
30: Health Benefit Plan Coverage
QM: Qualified Medicare Beneficiary
Medicaid/HMKPlus Qualified Medicare Beneficiary
05/01/2008
08/31/2011
Medicare Information
Insurance Type Code
Member Policy ID
Eligibility Effective Date
Eligibility End Date
MA: Medicare Part A
010000000A
01/01/2000
12/31/2099
MB: Medicare Part B
010000000A
01/01/2000
12/31/2099
Coordination of Benefits
1. Service Type Code: 30: Health Benefit Plan Coverage
Insurance Type Code: OT: Other
Carrier Code: S04
Insurance Co. Name: HUMANA
Address: P O BOX 14601
LEXINGTON KY 40512-4601
Group Policy Number:
Enrollment Date: 01/01/2000
Policy Number: 010000000
Expiration Date: 12/31/2099
Information Source Data
Organization/Last Name: Medicaid
Identification Code Qualifier: PI: Payor Identification
Contact Name: ACS Provider Services
Primary Identifier: 77039
Communication Number: 8006243958
Information Receiver Data
Organization/Last Name: MT DPHHS
First Name:
M.I.:
NPI or Provider Number: 0001110928
Portal ID of Requestor: djuvik
Inquiries
New Eligibility Inquiry
Current Eligibility Inquiry
Medical History Inquiry
Done

MONTANA
Department of Public Health & Human Services

Medicare Eligibility Only


MT Web Portal -Eligibility Inquiry Response - Windows Internet Explorer
https://mtaccesstohealth.acs-shc.com/mt/secure/eligibilityInquirySubmit.do
File Edit View Favorites Tools Help
Share Browser WebEx
MT Web Portal -Eligibility Inquiry Response
HOME INQUIRIES SUBMISSIONS RETRIEVALS MANAGE USERS MY ACCESS
Home > Inquiries > Eligibility Inquiry > Eligibility Inquiry Confirm > Eligibility Inquiry Response
MT DPHHS
Eligibility Inquiry Response
Client Demographic Information
Client Original ID: 123456789
Client Current ID: 009990000
Client Member ID: 9990000
Name: Test Data
Address: 100 Main St
City: Somewhere
County Code: 01
State: MT
Zip Code: 599990000
Date of Birth: 08/18/1943
Gender Code: M: Male
NPI or Provider ID: 0001110928
Date of Service: 08/08/2011
Valid Request Indicator:
Reject Reason Code:
Follow-up Action Code:
Date of Death:
Trace Number: 2010000000000001T
Eligibility Spans
About HMK/HMKPlus
Service Type Code | Insurance Type Code | Payer Name | Plan Coverage Description | Eligibility Effective Date | Eligibility End Date
30: Health Benefit Plan Coverage | HS: Special Low Income Medicare Beneficiary | Medicaid/HMKPlus | Specified Low Income Medicare Beneficiary | 06/01/2011 | 08/31/2011
Medicare Information
Insurance Type Code | Member Policy ID | Eligibility Effective Date | Eligibility End Date
MA: Medicare Part A | 010000000A | 06/01/2011 | 12/31/2099
MB: Medicare Part B | 010000000A | 06/01/2011 | 12/31/2099
Information Source Data
Organization/Last Name: Medicaid
Identification Code Qualifier: PI: Payor Identification
Done

MONTANA
Department of Public Health & Human Services

Medicaid and MHSP


MT Web Portal -Eligibility Inquiry Response - Windows Internet Explorer

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DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Montana Access to Health Web Portal

Exit | Help

HOME INQUIRIES SUBMISSIONS RETRIEVALS MANAGE USERS MY ACCESS

Home > Inquiries > Eligibility Inquiry > Eligibility Inquiry Confirm > Eligibility Inquiry Response MONTANA MEDICAID TEST1

Eligibility Inquiry Response

Client Demographic Information

Client Original ID:	123456789	NPI or Provider ID:	1234567890
Client Current ID:	009990000	Date of Service:	08/08/2011
Client Member ID:	9990000	Valid Request Indicator:	
Name:	Test Data	Reject Reason Code:	
Address:	100 Main St	Follow-up Action Code:	
City:	Somewhere	Date of Death:	
County Code:	01	Trace Number:	2010000000000000IT
State:	MT		
Zip Code:	599990000		
Date of Birth:	08/18/1943		
Gender Code:	M: Male		

Eligibility Spans

About HMK/HMKPlus

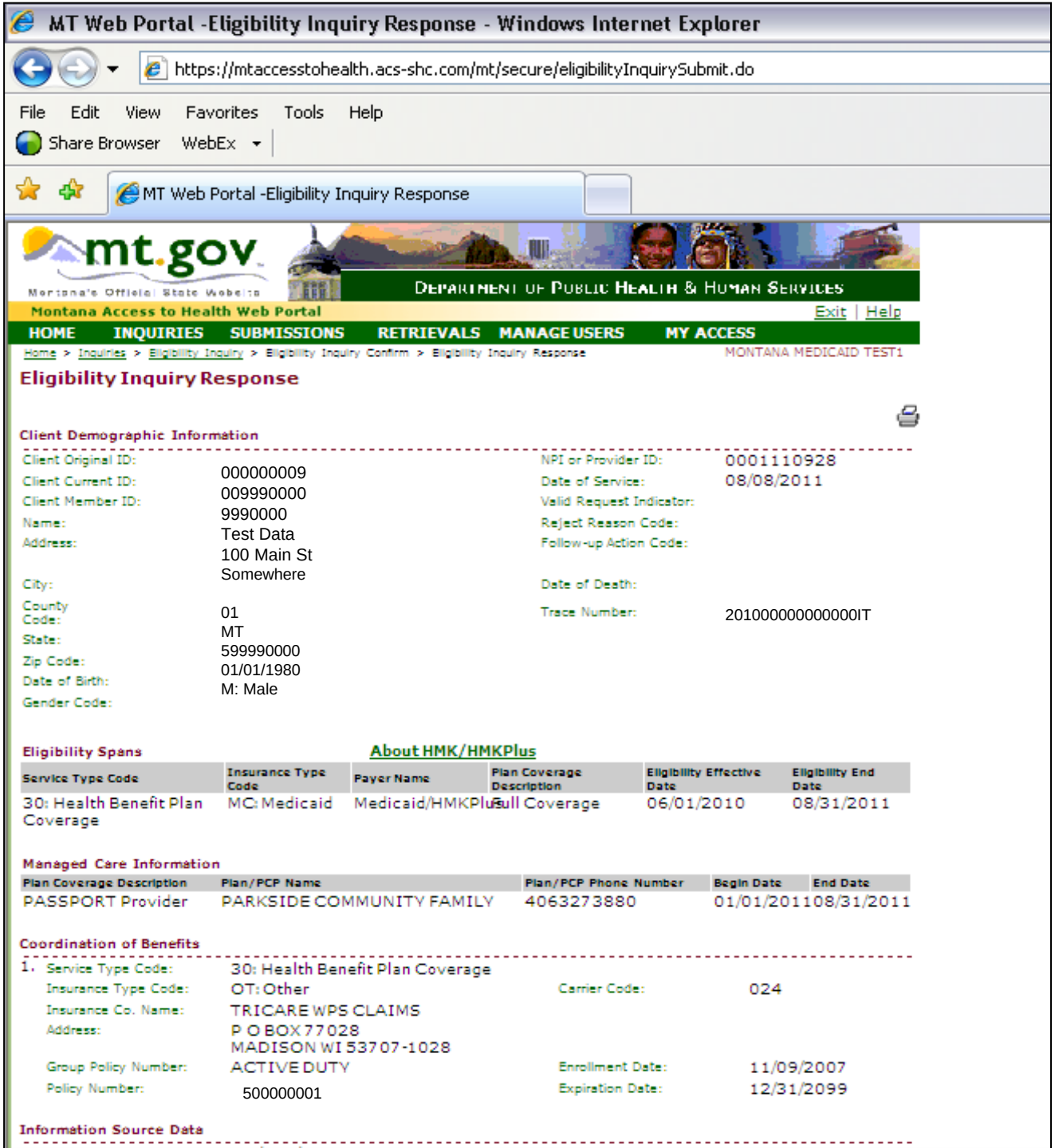
Service Type Code	Insurance Type Code	Payer Name	Plan Coverage Description	Eligibility Effective Date	Eligibility End Date
30: Health Benefit Plan Coverage	MC: Medicaid	Medicaid/HMKPlus	Basic Coverage	08/01/2011	08/31/2011
30: Health Benefit Plan Coverage	OT: Other	MHSP	Mental Health Services Plan	04/01/2011	08/31/2011

Information Source Data

Done

MONTANA
Department of Public Health & Human Services

Medicaid and TPL



MT Web Portal -Eligibility Inquiry Response - Windows Internet Explorer

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mt.gov
Montana's Official State Website

Department of Public Health & Human Services

Montana Access to Health Web Portal

Exit | Help

HOME INQUIRIES SUBMISSIONS RETRIEVALS MANAGE USERS MY ACCESS

Home > Inquiries > Eligibility Inquiry > Eligibility Inquiry Confirm > Eligibility Inquiry Response

MONTANA MEDICAID TEST1

Eligibility Inquiry Response

Client Demographic Information

Client Original ID:	000000009	NPI or Provider ID:	0001110928
Client Current ID:	009990000	Date of Service:	08/08/2011
Client Member ID:	9990000	Valid Request Indicator:	
Name:	Test Data	Reject Reason Code:	
Address:	100 Main St	Follow-up Action Code:	
	Somewhere		
City:		Date of Death:	
County Code:	01	Trace Number:	2010000000000000IT
State:	MT		
Zip Code:	599990000		
Date of Birth:	01/01/1980		
Gender Code:	M: Male		

Eligibility Spans

About HMK/HMKPlus

Service Type Code	Insurance Type Code	Payer Name	Plan Coverage Description	Eligibility Effective Date	Eligibility End Date
30: Health Benefit Plan Coverage	MC: Medicaid	Medicaid/HMKPlus	Full Coverage	06/01/2010	08/31/2011

Managed Care Information

Plan Coverage Description	Plan/PCP Name	Plan/PCP Phone Number	Begin Date	End Date
PASSPORT Provider	PARKSIDE COMMUNITY FAMILY	4063273880	01/01/2011	08/31/2011

Coordination of Benefits

1.

Service Type Code:	30: Health Benefit Plan Coverage		
Insurance Type Code:	OT: Other	Carrier Code:	024
Insurance Co. Name:	TRICARE WPS CLAIMS		
Address:	P O BOX 77028 MADISON WI 53707-1028		
Group Policy Number:	ACTIVE DUTY	Enrollment Date:	11/09/2007
Policy Number:	500000001	Expiration Date:	12/31/2099

Information Source Data

Inactive Client

- Client in a suspension span
- Verify every date of service


MT Web Portal -Eligibility Inquiry Response - Windows Internet Explorer
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File Edit View Favorites Tools Help
Share Browser WebEx
MT Web Portal -Eligibility Inquiry Response
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Montana's Official State Website
DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES
Montana Access to Health Web Portal
Exit | Help
HOME INQUIRIES SUBMISSIONS RETRIEVALS MANAGE USERS MY ACCESS
Home > Inquiries > Eligibility Inquiry > Eligibility Inquiry Confirm > Eligibility Inquiry Response
MT DPHHS
Eligibility Inquiry Response
Client Demographic Information
Client Original ID: 100000001
Client Current ID: 001111111
Client Member ID: 1111111
Name: Test Data
Address: 123 Main St
City: Anywhere
County Code: 01
State: MT
Zip Code: 599990000
Date of Birth: 01/01/1980
Gender Code: M: Male
NPI or Provider ID: 1234567899
Date of Service: 12/01/2010
Valid Request Indicator:
Reject Reason Code:
Follow-up Action Code:
Date of Death:
Trace Number: 210000000100000000T
Status: Inactive
Eligibility Spans
About HMK/HMKPlus
Service Type Code
Insurance Type Code
Payer Name
Plan Coverage Description
Eligibility Effective Date
Eligibility End Date
Message Text: WAIVER
Information Source Data
Organization/Last Name: Medicaid
Identification Code Qualifier: PI: Payor Identification
Contact Name: ACS Provider Services
Done


MT Web Portal -Eligibility Inquiry Response - Windows Internet Explorer
https://mtaccesstohealth.acs-shc.com/mt/secure/eligibilityInquirySubmit.do
File Edit View Favorites Tools Help
Share Browser WebEx
MT Web Portal -Eligibility Inquiry Response
mt.gov
Montana's Official State Website
DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES
Montana Access to Health Web Portal
Exit | Help
HOME INQUIRIES SUBMISSIONS RETRIEVALS MANAGE USERS MY ACCESS
Home > Inquiries > Eligibility Inquiry > Eligibility Inquiry Confirm > Eligibility Inquiry Response
MT DPHHS
Eligibility Inquiry Response
Client Demographic Information
Client Original ID: 100000001
Client Current ID: 001111111
Client Member ID: 1111111
Name: Test Data
Address: 123 Main St
City: Anywhere
County Code: 01
State: MT
Zip Code: 599990000
Date of Birth: 01/01/1980
Gender Code: M: Male
NPI or Provider ID: 1234567899
Date of Service: 12/01/2010
Valid Request Indicator:
Reject Reason Code:
Follow-up Action Code:
Date of Death:
Trace Number: 210000000100000000T
Status: Inactive
Eligibility Spans
About HMK/HMKPlus
Service Type Code
Insurance Type Code
Payer Name
Plan Coverage Description
Eligibility Effective Date
Eligibility End Date
Message Text: WAIVER
Information Source Data
Organization/Last Name: Medicaid
Identification Code Qualifier: PI: Payor Identification
Contact Name: ACS Provider Services
Done

MONTANA
Department of Public Health & Human Services

Remittance Advice

- Available every Tuesday
- Download or print

mt.gov
Montana's Official State Website

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Montana Access to Health Web Portal

Exit | Help

HOME INQUIRIES SUBMISSIONS RETRIEVALS MANAGE USERS MY ACCESS

MT DPHHS

Montana Access to Health Web Portal Home Page

Navigate to any of the functions in the Web portal by clicking the following links or by using the top navigation bar. For information about each function, click the corresponding column header. Click on 'My Profile,' located in the 'My Access' section, to display your current Montana Access to Health Web Portal profile. You will be able to perform only those tasks allowed by the user privileges assigned to you.

Site Contents

Inquiries	Submissions	Retrievals	Manage Users	My Access
Eligibility	Upload Files	View/Download Files	Add New User to Organization	My Profile
Claim Status		View e!SOR Reports	Add Existing User to Organization	Change Organization
Provider Payment Summary		My Inbo	Update or Remove Users/Reset Password	Change Password
Claims-based Medical History			Manage Submitter IDs	Manage Proxies
Electronic Health Record				
Ask Provider Relations				
Provider Locator				

ATTENTION PROVIDERS: The Electronic Health Record link has been added to allow you to view your patients' claims medical history. If you need this access and do not have it, please contact your office administrator. E-prescribing is now available. Please contact your office administrator to add prescribing rights to your user account.

You've logged into the organization displayed under the navigation bar on the right. This organization will be used to determine the Provider Number and Submitter IDs you can use for your transactions (i.e., Inquiries, Submissions and Retrievals). To change this organization, click 'Change Organization' and follow the instructions.

mt.gov
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DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Montana Access to Health Web Portal

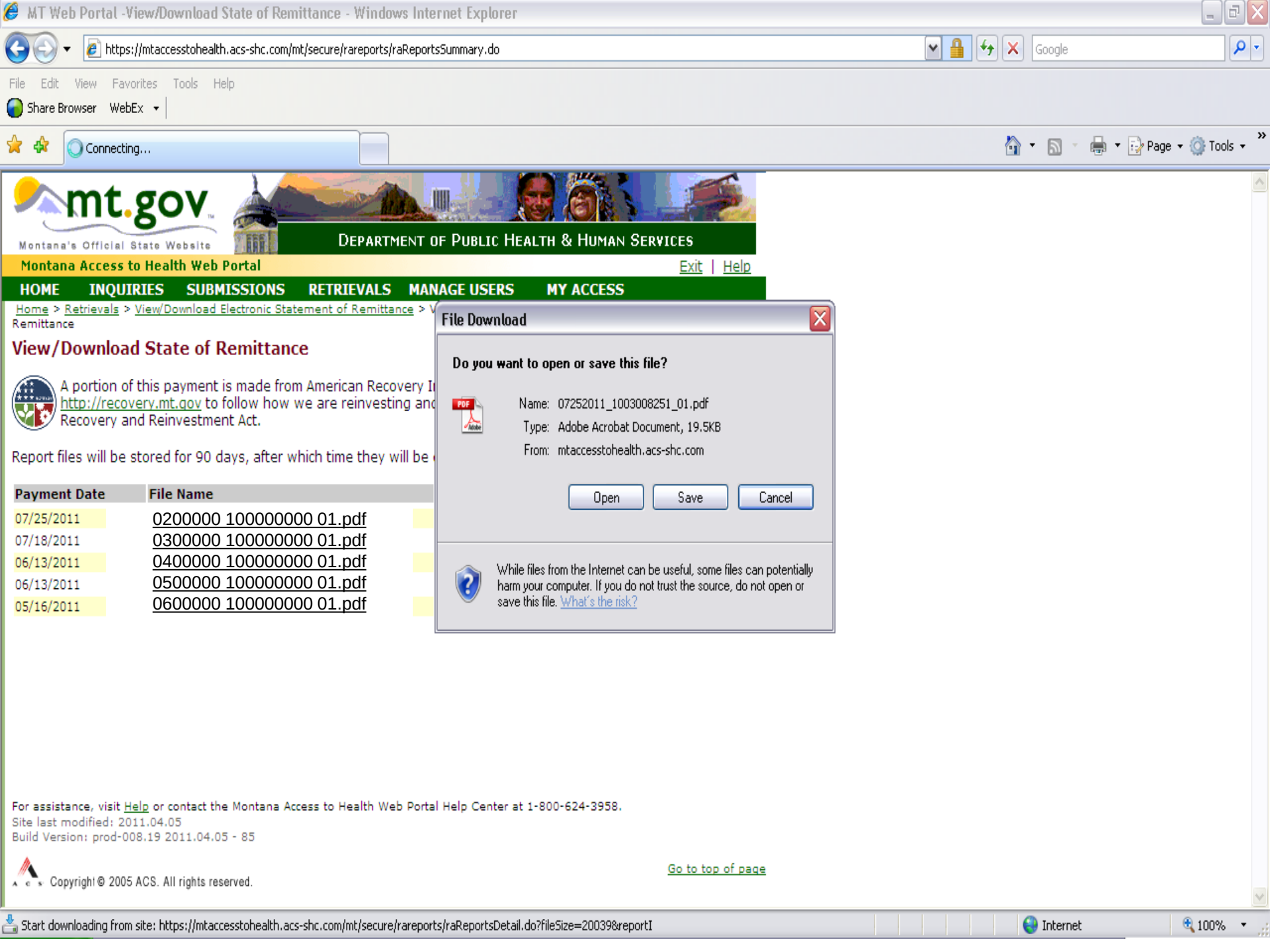
MONTANA MEDICAID TEST1

View/Download State of Remittance

A portion of this payment is made from American Recovery Investment Act funds. Go to http://recovery.mt.gov to follow how we are reinvesting and rebuilding Montana with funding from the Recovery and Reinvestment Act.

Report files will be stored for 90 days, after which time they will be deleted from the Web Portal.

Payment Date	File Name	File Size	Download Speed
02/07/2011	0200000 100000000 01.pdf	20,039 bytes	Calculate
01/31/2011	0300000 100000000 01.pdf	20,039 bytes	Calculate
01/10/2011	0400000 100000000 01.pdf	20,039 bytes	Calculate
01/03/2011	0500000 100000000 01.pdf	20,039 bytes	Calculate
12/27/2010	0600000 100000000 01.pdf	20,039 bytes	Calculate
12/20/2010	0700000 100000000 01.pdf	20,039 bytes	Calculate
12/13/2010	0800000 100000000 01.pdf	20,039 bytes	Calculate
	0900000 100000000 01.pdf		


MT Web Portal -View/Download State of Remittance - Windows Internet Explorer
https://mtaccesstohealth.acs-shc.com/mt/secure/rareports/raReportsSummary.do
File Edit View Favorites Tools Help
Share Browser WebEx
Connecting...
Page Tools
mt.gov
Montana's Official State Website
DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES
Montana Access to Health Web Portal
Exit | Help
HOME INQUIRIES SUBMISSIONS RETRIEVALS MANAGE USERS MY ACCESS
Home > Retrievals > View/Download Electronic Statement of Remittance > V
Remittance
View/Download State of Remittance
A portion of this payment is made from American Recovery I
http://recovery.mt.gov to follow how we are reinvesting and
Recovery and Reinvestment Act.
Report files will be stored for 90 days, after which time they will be
Payment Date
File Name
07/25/2011 0200000 100000000 01.pdf
07/18/2011 0300000 100000000 01.pdf
06/13/2011 0400000 100000000 01.pdf
06/13/2011 0500000 100000000 01.pdf
05/16/2011 0600000 100000000 01.pdf
File Download
Do you want to open or save this file?
Name: 07252011_1003008251_01.pdf
Type: Adobe Acrobat Document, 19.5KB
From: mtaccesstohealth.acs-shc.com
Open Save Cancel
While files from the Internet can be useful, some files can potentially harm your computer. If you do not trust the source, do not open or save this file. What's the risk?
For assistance, visit Help or contact the Montana Access to Health Web Portal Help Center at 1-800-624-3958.
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Build Version: prod-008.19 2011.04.05 - 85
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REMITTANCE ADVICE FOR MEDICAID/CHIP/MHSP

Medicaid Provider Inc.
100 Main Drive
Somewhere MT 59999

VENDOR # 00001111111 REMIT ADVICE # 123456 EFT/CHK # 1234000 DATE 07/25/2011 PAGE 2
NPI #: 1234567890 TAXONOMY: 261QD0000X

RECIP ID	NAME	SERVICE FROM	DATES TO	UNIT OF SVC	PROCEDURE REVENUE NDC	TOTAL CHARGES	ALLOWED	CO-PAY	REASON & REMARK CODES
PAID CLAIMS - DENTAL CLAIM									
012300000	**Data, Test**	06222011	06222011	1.000	02391	229.99-	195.49-		
ICN 01100000000100000	PATIENT NUMBER=								
0000123456	**Fred Flinstone**								
		06222011	06222011	1.000	02392	289.99-	246.49-		
		06222011	06222011	1.000	02391	229.99-	195.49-		
		06222011	06222011	1.000	01351	81.99-	69.69-		
		06222011	06222011	1.000	02391	229.99-	195.49-		
		06222011	06222011	1.000	03110	139.99-	7.58-		
		06222011	06222011	1.000	02999	54.99-	0.00		
		CLAIM TOTAL************				1256.93-	910.23-		
012300000	**Data, Test**	06222011	06222011	1.000	02391	229.99	195.49		
ICN 01100000000200000	PATIENT NUMBER=								
0000123456	**Fred Flinstone**								
		06222011	06222011	1.000	02392	289.99	246.49		
		06222011	06222011	1.000	02391	229.99	195.49		

Download Files

- 271 – Eligibility Inquiry
- 277 – Claim Status
- 277CA – Health Care Claim Acknowledgement
- 835 – Remittance Advice
- 999 – Functional Acknowledgement

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Montana Access to Health Web Portal

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Inquiries	Submissions	Retrievals	Manage Users	My Access
Eligibility	Upload Files	View/Download Files	Add New User to Organization	My Profile
Claim Status		View e[illegible]R Reports	Add Existing User to Organization	Change Organization
Provider Payment Summary		My In[illegible]	Update or Remove Users/Reset Password	Change Password
Claims-based Medical History			Manage Submitter IDs	Manage Proxies
Electronic Health Record				
Ask Provider Relations				
Provider Locator				

ATTENTION PROVIDERS: The Electronic Health Record link has been added to allow you to view your patients' claims medical history. If you need this access and do not have it, please contact your office administrator. E-prescribing is now available. Please contact your office administrator to add prescribing rights to your user account.

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View / Download Files

Select a Submitter ID and click 'Submit' to retrieve a list of available X12 files. The list of available X12 files includes:

- 271 - Eligibility Inquiry
- 277 - Claim Status
- 277CA - Healthcare Claim Acknowledgment
- 824 - Error Report
- 835 - Remittance Advice
- 997 - Functional Acknowledgement
- 999 - Implementation Acknowledgment

Submitter ID: 7109434 Submit

For assistance, visit Help or contact the Montana Access to Health Web Portal Help Center at 1-800-624-3958.
Site last modified: 2012.04.03
Build Version: prod-231 2012.04.03 - 85

Go to top of page

Displayed below are all your available files in expanded view. To collapse the view of a table, click the minus symbol next to that table.

Download Montana 5010 271

File Name	Last Modified	File Size	Download Speed
MT 000000 77000 O 00000 00000 271 7770000 271.001	04/05/2012	799 bytes	Calculate
MT 000000 77000 O 00000 00000 271 7770000 271.001	04/05/2012	802 bytes	Calculate
MT 000000 77000 O 00000 00000 271 7770000 271.001	04/05/2012	1181 bytes	Calculate
MT 000000 77000 O 00000 00000 271 7770000 271.001	04/05/2012	1316 bytes	Calculate
MT 000000 77000 O 00000 00000 271 7770000 271.001	04/06/2012	2820 bytes	Calculate
MT 000000 77000 O 00000 00000 271 7770000 271.001	04/09/2012	1382 bytes	Calculate

Download Montana 5010 277CA

File Name	Last Modified	File Size	Download Speed
MT 000000 77000 O 00000 00000 277ca 7770000 277CA.001	02/09/2012	787 bytes	Calculate
MT 000000 77000 O 00000 00000 277ca 7770000 277CA.001	02/09/2012	1079 bytes	Calculate
MT 000000 77000 O 00000 00000 277ca 7770000 277CA.001	02/09/2012	58843 bytes	Calculate
MT 000000 77000 O 00000 00000 277ca 7770000 277CA.001	02/09/2012	765 bytes	Calculate
MT 000000 77000 O 00000 00000 277ca 7770000 277CA.001	02/11/2012	765 bytes	Calculate
MT 000000 77000 O 00000 00000 277ca 7770000 277CA.001	02/11/2012	787 bytes	Calculate
MT 000000 77000 O 00000 00000 277ca 7770000 277CA.001	02/11/2012	1079 bytes	Calculate
MT 000000 77000 O 00000 00000 277ca 7770000 277CA.001	02/11/2012	58843 bytes	Calculate
MT 000000 77000 O 00000 00000 277ca 7770000 277CA.001	02/14/2012	5145 bytes	Calculate

Download Montana 5010 835

File Name	Last Modified	File Size	Download Speed
MT 000000 77000 O 00000 00000 835 7770000 835.001	03/19/2012	2882 bytes	Calculate

Download Montana 5010 999

File Name	Last Modified	File Size	Download Speed
MT 000000 00000000 H82 00000 999.001	02/09/2012	619 bytes	Calculate
MT 000000 00000000 H82 00000 999.001	02/09/2012	330 bytes	Calculate
MT 000000 00000000 H82 00000 999.001	02/09/2012	294 bytes	Calculate
MT 000000 00000000 H82 00000 999.001	02/13/2012	367 bytes	Calculate
MT 000000 00000000 H82 00000 999.001	02/14/2012	802 bytes	Calculate
MT 000000 00000000 H82 00000 999.001	02/15/2012	292 bytes	Calculate
MT 000000 00000000 H82 00000 999.001	02/15/2012	403 bytes	Calculate
MT 000000 00000000 H82 00000 999.001	02/15/2012	367 bytes	Calculate
MT 000000 00000000 H82 00000 999.001	02/20/2012	367 bytes	Calculate
MT 000000 00000000 H82 00000 999.001	02/21/2012	475 bytes	Calculate

Download Montana 5010 ERROR REPORT

File Name	Last Modified	File Size	Download Speed
MT 000000 ERR.001	02/09/2012	21863 bytes	Calculate
MT 000000 ERR.001	02/09/2012	11462 bytes	Calculate
MT 000000 ERR.001	02/09/2012	10158 bytes	Calculate
MT 000000 ERR.001	02/13/2012	12762 bytes	Calculate
MT 000000 ERR.001	02/14/2012	28401 bytes	Calculate
MT 000000 ERR.001	02/15/2012	10159 bytes	Calculate
MT 000000 ERR.001	02/15/2012	14067 bytes	Calculate
MT 000000 ERR.001	02/15/2012	12765 bytes	Calculate

Download Montana 5010 TA1 REPORT

File Name	Last Modified	File Size	Download Speed
MT 000000 00000000 in 00000 TA1.001	03/21/2012	156 bytes	Calculate
MT 000000 00000000 in 00000 TA1.001	03/21/2012	156 bytes	Calculate
MT 000000 00000000 in 00000 TA1.001	03/21/2012	156 bytes	Calculate
MT 000000 00000000 in 00000 TA1.001	03/21/2012	156 bytes	Calculate
MT 000000 00000000 in 00000 TA1.001	03/21/2012	156 bytes	Calculate
MT 000000 00000000 in 00000 TA1.001	03/27/2012	156 bytes	Calculate

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Site last modified: 2012.04.03
Build Version: prod-231 2012.04.03 - 85

Go to top of page

Provider Payment Summary

- View Payment Date
- Check/EFT Number
- Amount
- Remittance Advice Number

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Claims-bas Medical History			Manage Submitter IDs	Manage Proxies
Electronic Record				
Ask Provider tions				
Provider Locator				

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Provider Payment Summary

NPI or Provider Number: 123456789

Name: The Dental Place

Address: 141 Main St
Anywhere, MT 559990000

Vendor Number: 000000100

Provider Type: DNTL-CHIP

Provider Specialty: GRP/CLINIC

Most Recent Payments Available

Paid Date	Check/EFT Number	Reimbursement Amount	Remittance Advice Number
02/07/2011	000003211	$983.28	1111111
01/31/2011	000003211	$216.72	1111111
01/10/2011	000003211	$127.48	1111111
01/03/2011	000003211	$367.07	1111111
12/27/2010	000000000	$827.83	1111111
12/20/2010	000000000	$1,658.23	1111111
12/13/2010	000000000	$178.47	1111111
11/29/2010	000000000	$399.44	1111111
11/15/2010	000000000	$467.47	1111111
12/21/2009	000000000	$218.45	1111111

Claim Status

- View the status of a claim
- Search by:
  - ICN
  - Client ID
  - First Date of Service
  - Last Date of Service

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Provi[illegible] Payment Summary		My Inbox	Update or Remove Users/Reset Password	Change Password
Clai[illegible]d Medical History			Manage Submitter IDs	Manage Proxies
Electro[illegible]ealth Record				
Ask Provid[illegible]elations				
Provider Locator				

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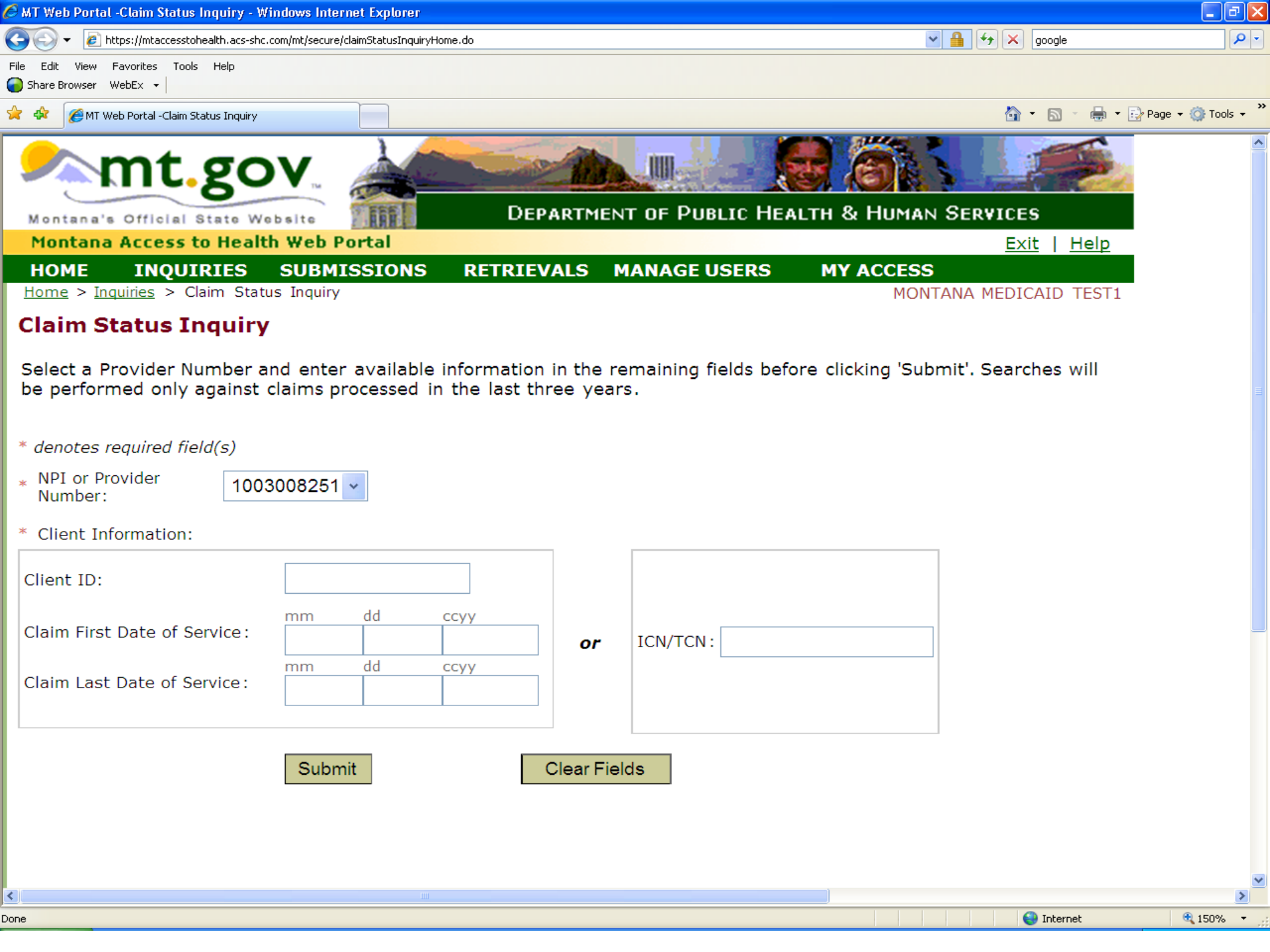
MT Web Portal -Claim Status Inquiry - Windows Internet Explorer
https://mtaccesstohealth.acs-shc.com/mt/secure/claimStatusInquiryHome.do
google
File Edit View Favorites Tools Help
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Page Tools
mt.gov
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Montana Access to Health Web Portal
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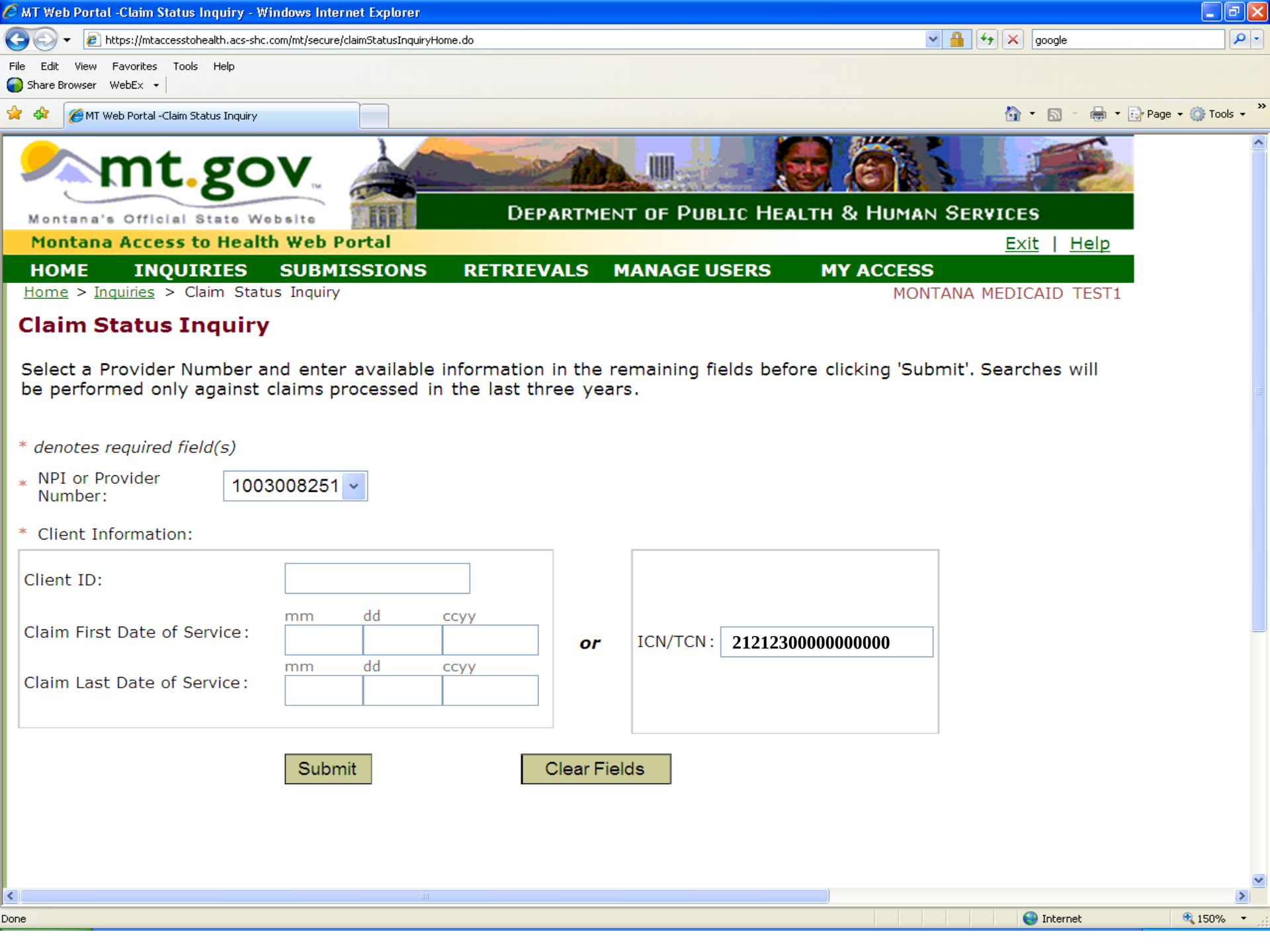
HOME INQUIRIES SUBMISSIONS RETRIEVALS MANAGE USERS MY ACCESS
Home > Inquiries > Claim Status Inquiry
MONTANA MEDICAID TEST1
Claim Status Inquiry
Select a Provider Number and enter available information in the remaining fields before clicking 'Submit'. Searches will be performed only against claims processed in the last three years.
* denotes required field(s)
* NPI or Provider Number: 1003008251
* Client Information:
Client ID:
Claim First Date of Service: mm dd ccyy
Claim Last Date of Service: mm dd ccyy
or
ICN/TCN:
Submit
Clear Fields
Done
Internet
150%


MT Web Portal -Claim Status Inquiry - Windows Internet Explorer
https://mtaccesstohealth.acs-shc.com/mt/secure/claimStatusInquiryHome.do
google
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DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES
Montana Access to Health Web Portal
Exit | Help
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* denotes required field(s)
* NPI or Provider Number: 1003008251
* Client Information:
Client ID:
Claim First Date of Service: mm dd ccyy
Claim Last Date of Service: mm dd ccyy
or
ICN/TCN: 21212300000000000
Submit
Clear Fields
Done
Internet
150%

Identification: 77039

Line Item Detail Data

1.

Status Effective Date: 02/23/2011
Product or Service ID Qualifier: HC: Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes
Status Category Code: F1: Finalized/Payment-The claim/line has been paid.
Status: 1: For more detailed information, see remittance advice.
Revenue Code: 307
Procedure Code: 81001
Procedure Modifier 1:
Procedure Modifier 2:
Procedure Modifier 3:
Procedure Modifier 4:
Service Line Date: From 10/22/2010 To 10/22/2010
Charged Amount: $ 37.31
Payment Amount: $ 4.69
Units of Service: 1

2.

Status Effective Date: 02/23/2011
Product or Service ID Qualifier: HC: Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes
Status Category Code: F1: Finalized/Payment-The claim/line has been paid.
Status: 1: For more detailed information, see remittance advice.
Revenue Code: 402
Procedure Code: 76870
Procedure Modifier 1:
Procedure Modifier 2:
Procedure Modifier 3:
Procedure Modifier 4:
Service Line Date: From 10/22/2010 To 10/22/2010
Charged Amount: $ 360.21
Payment Amount: $ 73.05
Units of Service: 1

3.

Status Effective Date: 02/23/2011
Product or Service ID Qualifier: HC: Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes
Status Category Code: F1: Finalized/Payment-The claim/line has been paid.
Status: 1: For more detailed information, see remittance advice.
Revenue Code: 450
Procedure Code: 99283

Ask Provider Relations

- Secure submission
- Receive a response in 3 business days
- Response sent direct to your Inbox in the web portal

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Claims-based Medical History			Manage Submitter IDs	Manage Proxies
Electronic Health Record				
Ask Provider Relations				
Provide[illegible]cator				

ATTEN[illegible]N PROVIDERS: The Electronic Health Record link has been added to allow you to view your patients' claims me[illegible]l history. If you need this access and do not have it, please contact your office administrator. E-prescribing is n[illegible]available. Please contact your office administrator to add prescribing rights to your user account.

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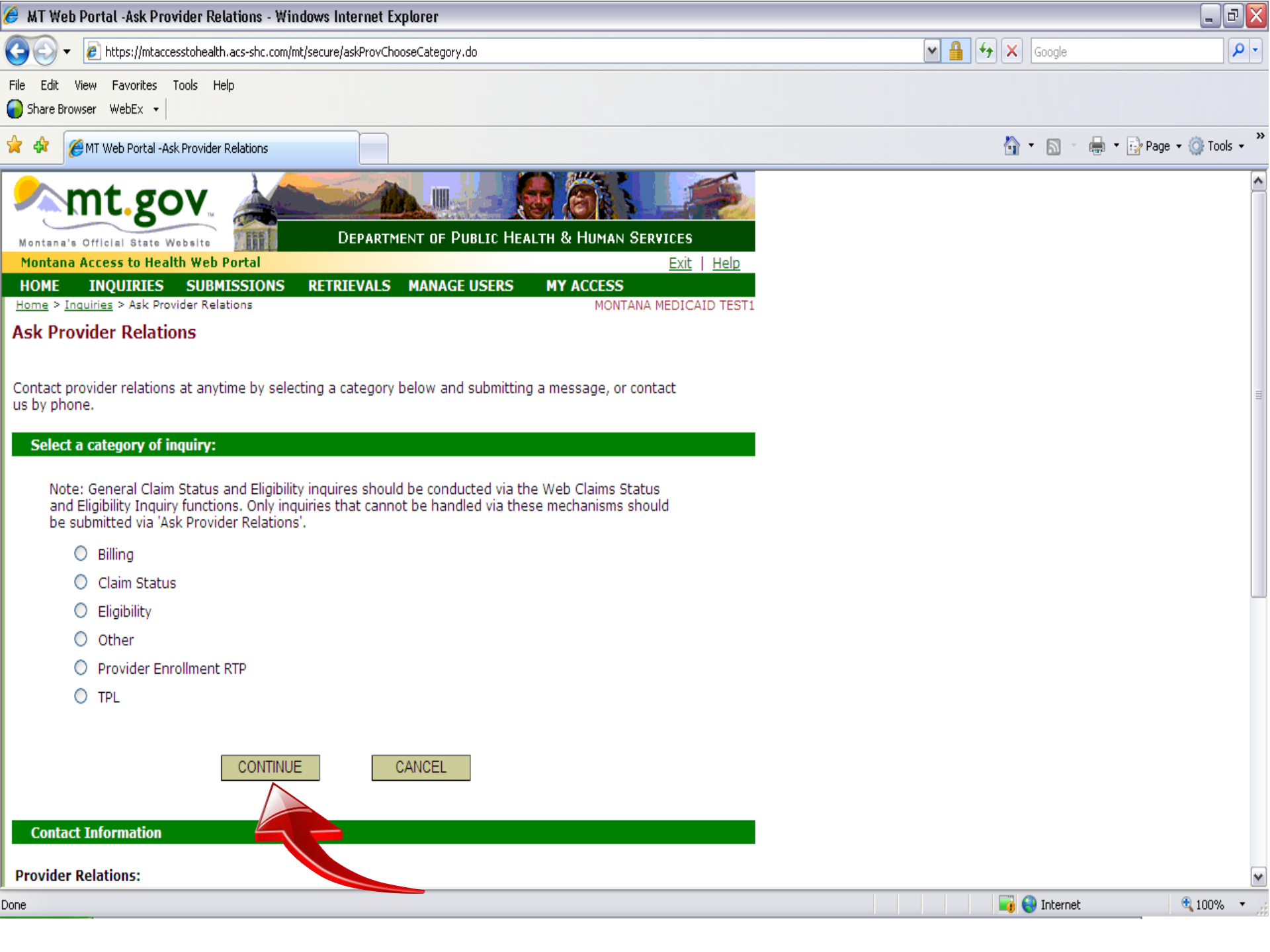
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Page Tools
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DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES
Montana Access to Health Web Portal
Exit | Help
HOME INQUIRIES SUBMISSIONS RETRIEVALS MANAGE USERS MY ACCESS
Home > Inquiries > Ask Provider Relations
MONTANA MEDICAID TEST1
Ask Provider Relations
Contact provider relations at anytime by selecting a category below and submitting a message, or contact us by phone.
Select a category of inquiry:
Note: General Claim Status and Eligibility inquires should be conducted via the Web Claims Status and Eligibility Inquiry functions. Only inquiries that cannot be handled via these mechanisms should be submitted via 'Ask Provider Relations'.
Billing
Claim Status
Eligibility
Other
Provider Enrollment RTP
TPL
CONTINUE
CANCEL
Contact Information
Provider Relations:
Done
Internet
100%

Ask Provider Relations

* Denotes a required field.

Please enter your question. A customer service representative will respond to your inquiry using the contact information you provide.

Please allow a minimum of two business days for a response. We appreciate your patience.

* Question:

Please verify the following information. Make any changes necessary. Click 'Continue' to submit your message to the Customer Service Center.

Last Name: Juvik
First Name: Denise

Enter your contact phone number and click 'SUBMIT' only once.

* Phone Number: Ext.:

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Ask Provider Relations

Ask Provider Relations

Thank you... **Your Reference Number is:** 14380310

Your message has been sent. A provider relations representative will contact you and assist you.

For Web-based inquiries, please allow a minimum of two business days for a response. We appreciate your patience.

In order to check a status or to view a response, check your Inbox.

Go to top of page

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MONTANA MEDICAID TEST1

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Click here to read your new message

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Ask Provider Relations				
Provider Locator				

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Manage Message Center

Refresh Inbox | Ask Provider Relations a question

MONTANA MEDICAID TEST1

The following list contains a summary of all your messages. To read a message click on the 'Read' icon. To delete or download a message check the appropriate 'Select'box and then click 'Delete' or 'Download' as required. To check the status of a provider Relations request, click on the Reference Number.

Select	Subject	From	Reference Number	Date Posted	Will Expire On
☐	Ask PR Question	djuvik	14155755	04/07/2011	07/06/2011
☐	Ask PR Question	djuvik	14380310	08/12/2011	11/10/2011
☐	Ask PR Response	ACS	14155755	04/09/2011	07/08/2011
☐	Ask PR Response	ACS	14155755	04/12/2011	07/11/2011
☐	Ask PR Response	ACS	14155755	04/13/2011	07/12/2011
☐	Ask PR Response	ACS	14155755	04/16/2011	07/15/2011
☐	Ask PR Response	ACS	14155755	04/20/2011	07/19/2011
☐	Ask PR Response	ACS	14155755	04/23/2011	07/22/2011

Delete

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Montana Access to Health Web Portal

Manage Message Center

Refresh Inbox | Ask Provider Relations a question

Test. Do not respond.
Status :Open

MONTANA MEDICAID TEST1

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Select	Subject	From	Reference Number	Date Posted	Will Expire On
☐	Ask PR Question	djuvik	14155755	04/07/2011	07/06/2011
☐	Ask PR Question	djuvik	14380310	08/12/2011	11/10/2011
☐	Ask PR Response	ACS	14155755	04/09/2011	07/08/2011
☐	Ask PR Response	ACS	14155755	04/12/2011	07/11/2011
☐	Ask PR Response	ACS	14155755	04/13/2011	07/12/2011
☐	Ask PR Response	ACS	14155755	04/16/2011	07/15/2011
☐	Ask PR Response	ACS	14155755	04/20/2011	07/19/2011
☐	Ask PR Response	ACS	14155755	04/23/2011	07/22/2011

Delete

Upload Files

- WINASAP5010
- Transmit the claim via the web portal

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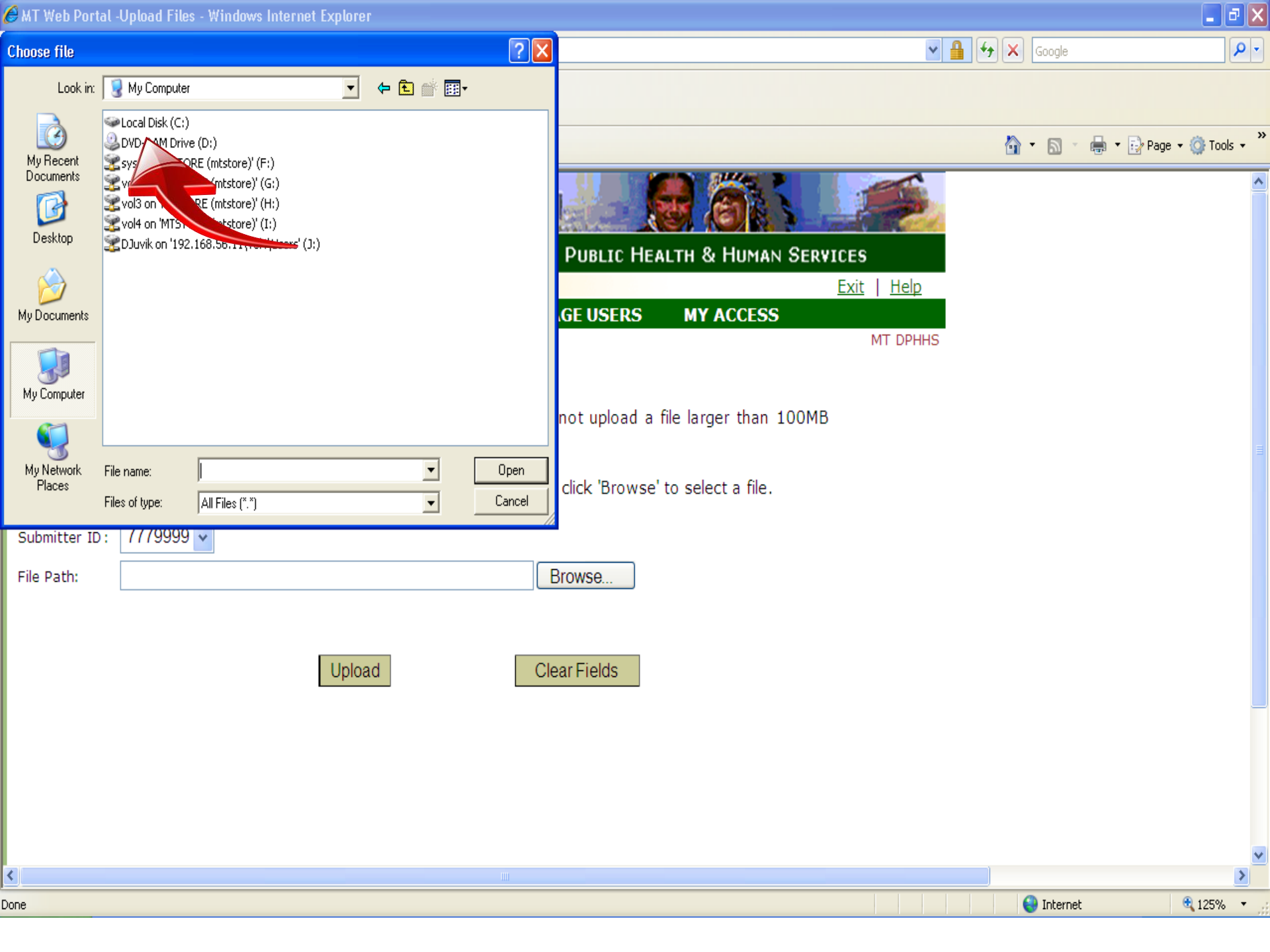
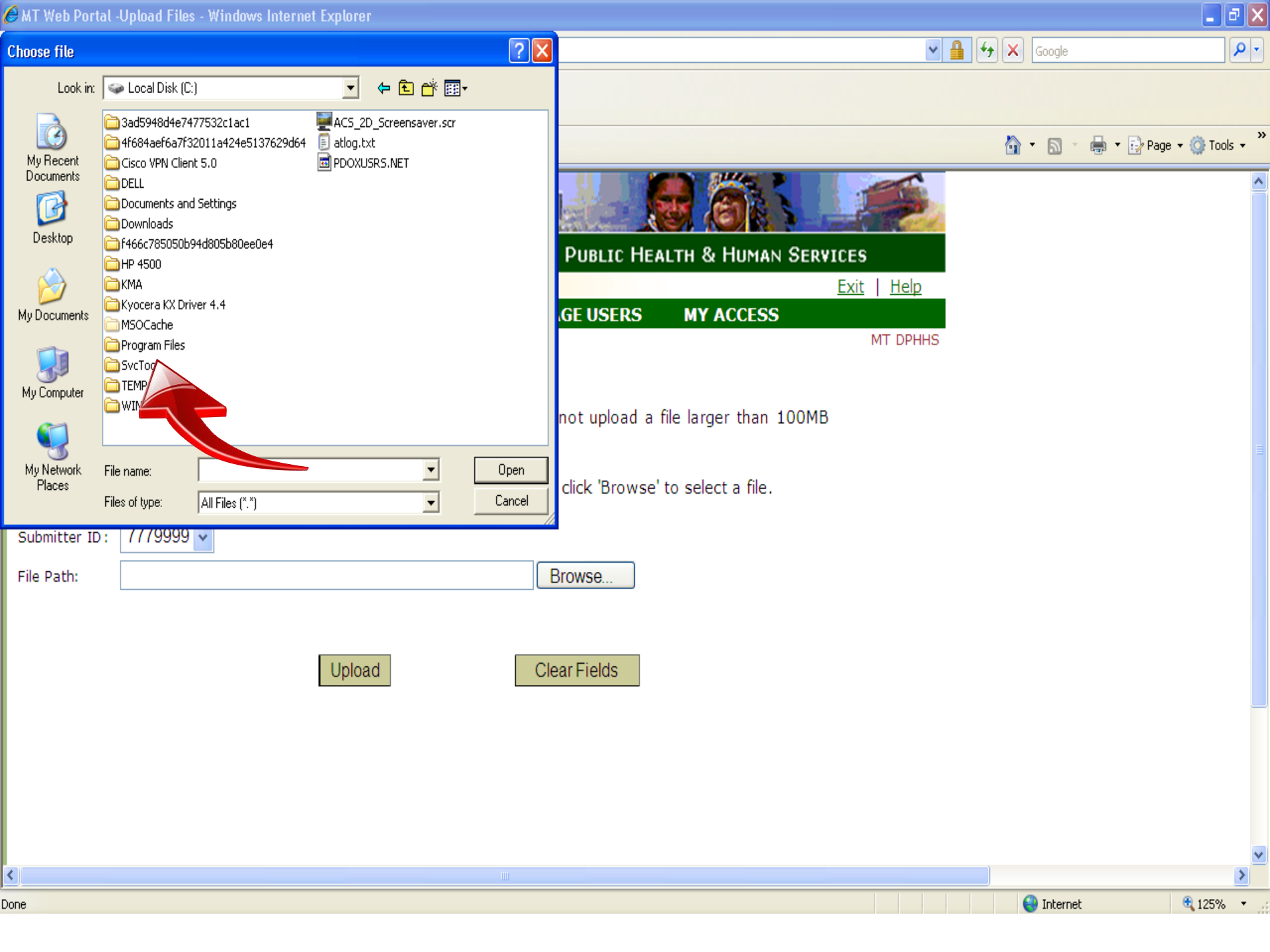
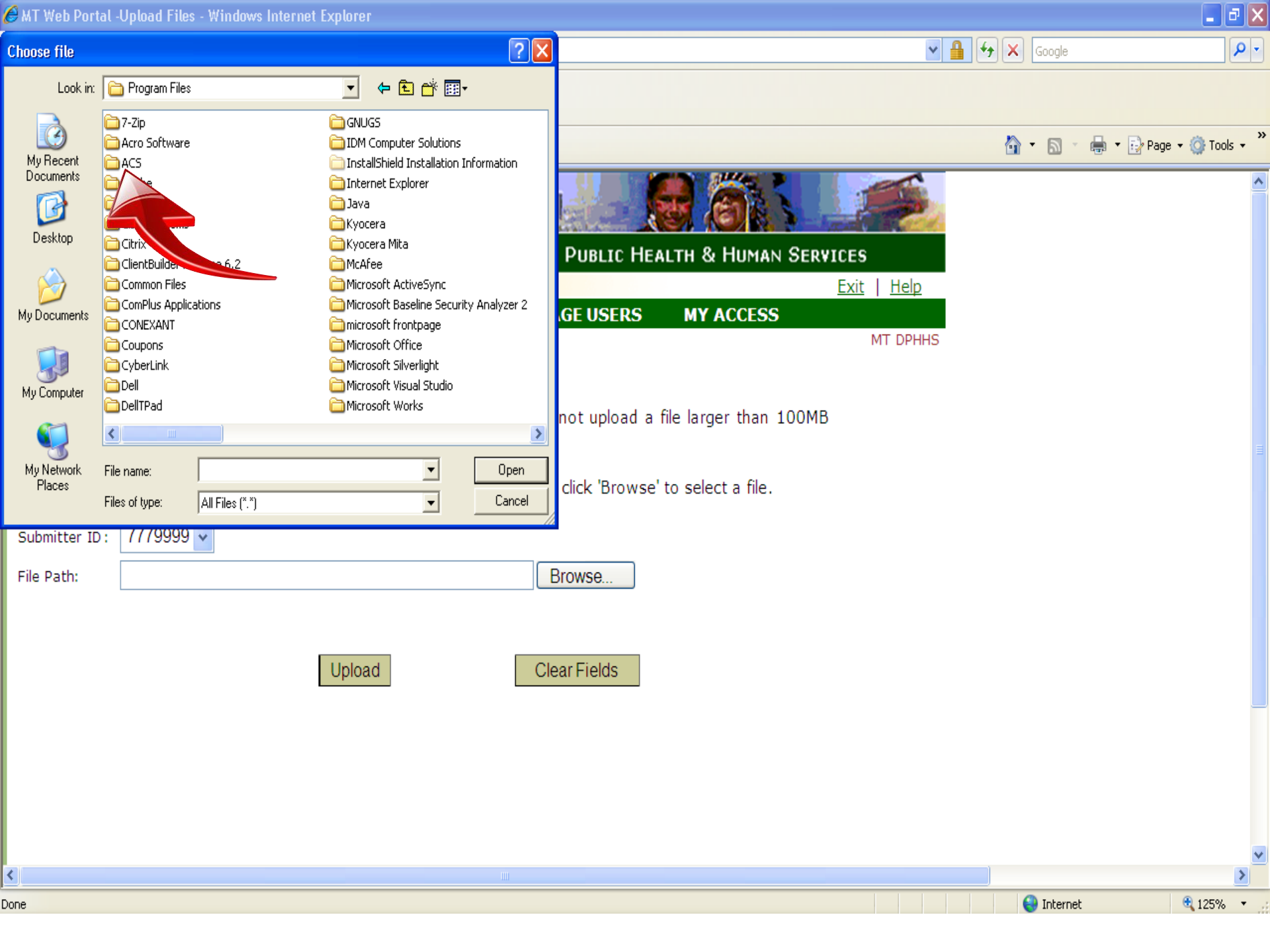
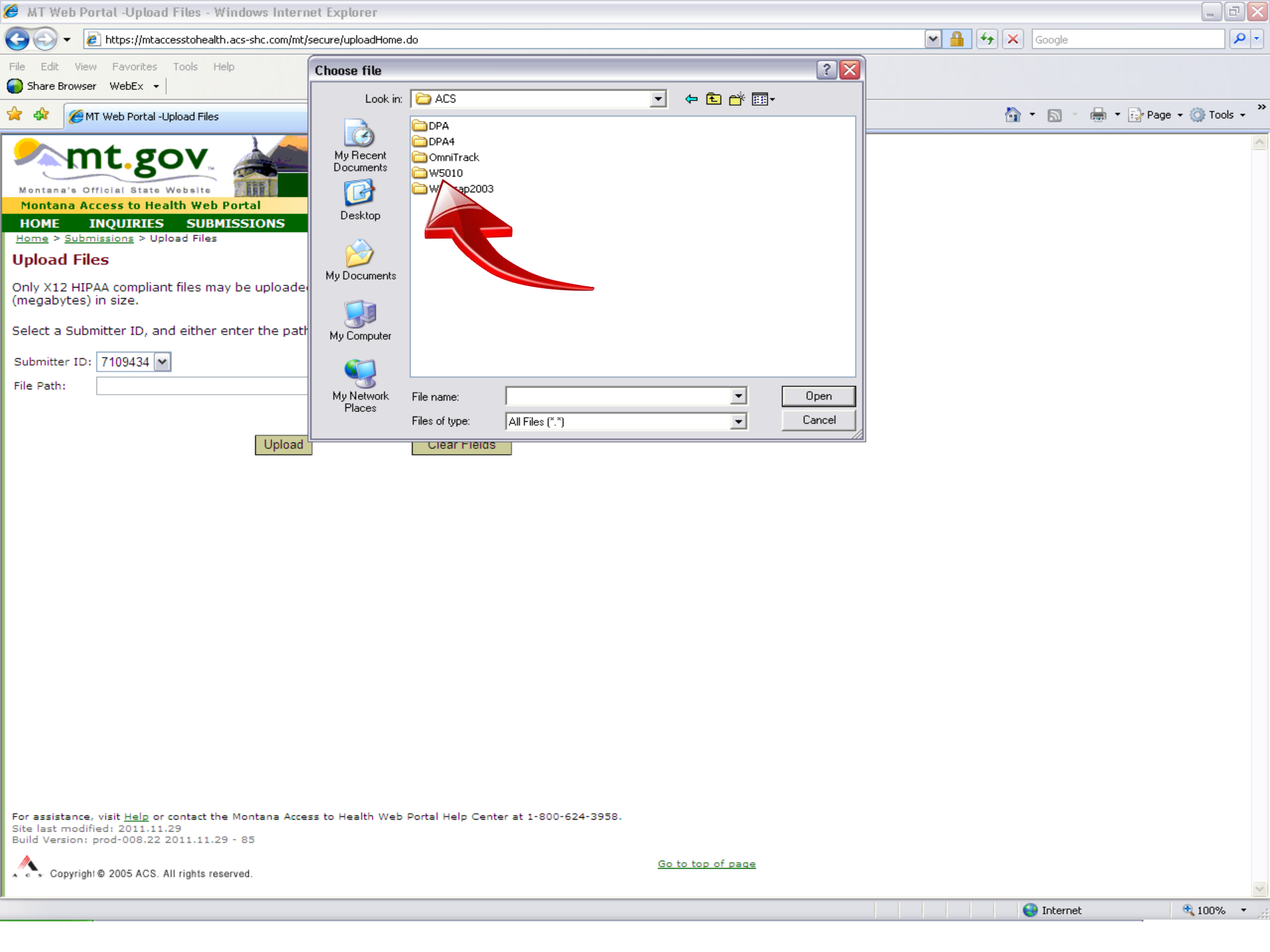
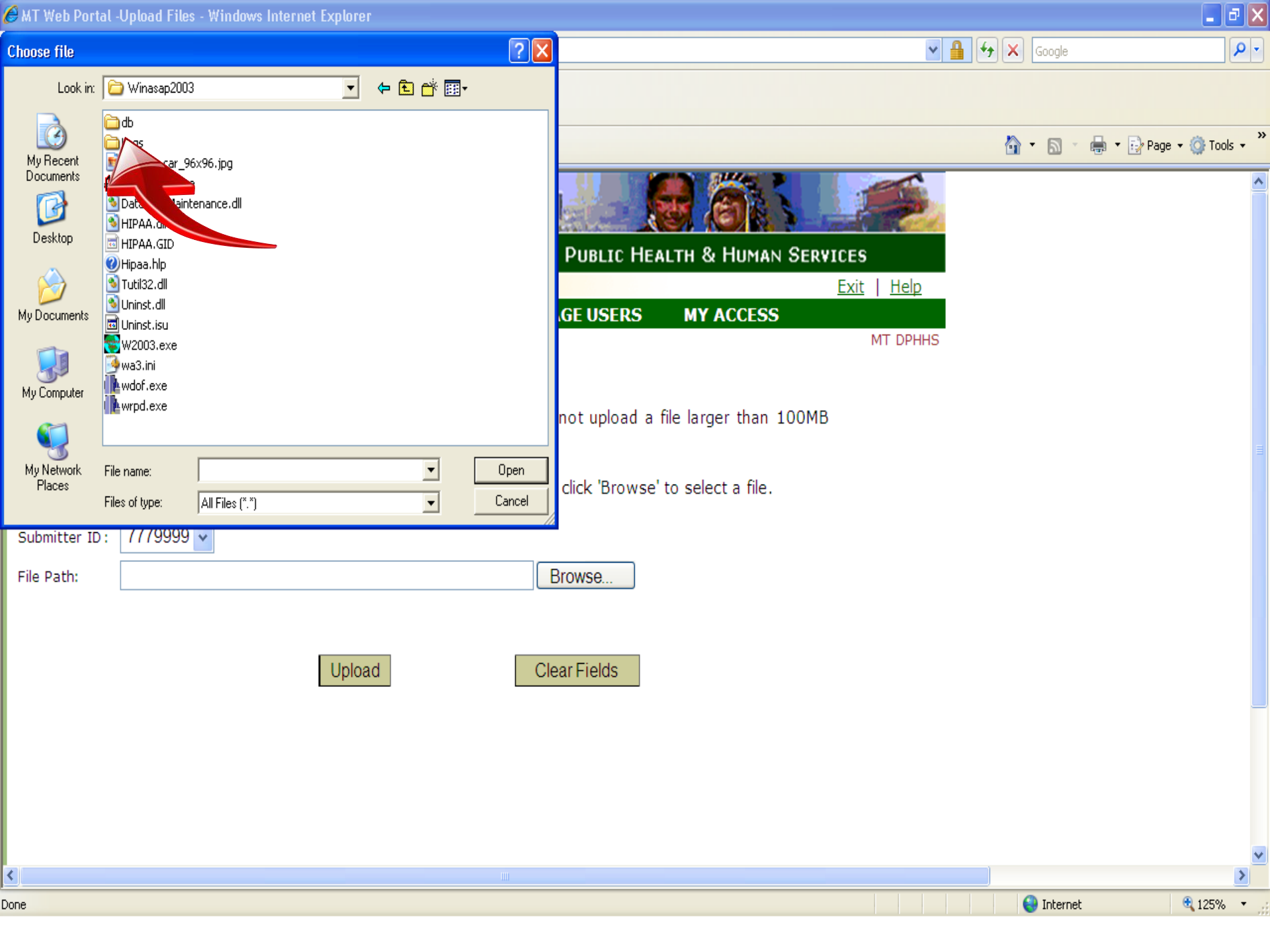
Montana Access to Health Web Portal
Exit | Help
HOME INQUIRIES SUBMISSIONS RETRIEVALS MANAGE USERS MY ACCESS
Home > Submissions > Upload Files
MT DPHHS
Upload Files
Only X12 HIPAA compliant files may be uploaded to the system. You cannot upload a file larger than 100MB (megabytes) in size.
Select a Submitter ID, and either enter the path of the file to upload or click 'Browse' to select a file.
Submitter ID : 7779999
File Path:
Browse...
Upload
Clear Fields
Done
Internet
125%


MT Web Portal -Upload Files - Windows Internet Explorer
Choose file
Look in:
My Computer
Local Disk (C:)
DVD-RAM Drive (D:)
(mtstore)' (G:)
(mtstore)' (H:)
(mtstore)' (I:)
(J:)
My Recent Documents
Desktop
My Documents
My Computer
My Network Places
File name:
Files of type:
All Files (*.*)
Open
Cancel
PUBLIC HEALTH & HUMAN SERVICES
Exit | Help
MY ACCESS
MT DPHHS
not upload a file larger than 100MB
click 'Browse' to select a file.
Submitter ID :
7779999
File Path:
Browse...
Upload
Clear Fields
Done
Internet
125%


MT Web Portal -Upload Files - Windows Internet Explorer
Choose file
Look in: Local Disk (C:)
3ad5948d4e7477532c1ac1
4f684aef6a7f32011a424e5137629d64
Cisco VPN Client 5.0
DELL
Documents and Settings
Downloads
f466c785050b94d805b80ee0e4
HP 4500
KMA
Kyocera KX Driver 4.4
MSOCache
Program Files
SvcTool
TEMP
WIN
ACS_2D_Screensaver.scr
atlog.txt
PDOXUSRS.NET
My Recent Documents
Desktop
My Documents
My Computer
My Network Places
File name:
Files of type: All Files (*.*)
Open
Cancel
PUBLIC HEALTH & HUMAN SERVICES
Exit | Help
GE USERS
MY ACCESS
MT DPHHS
not upload a file larger than 100MB
click 'Browse' to select a file.
Submitter ID : 7779999
File Path:
Browse...
Upload
Clear Fields
Done
Internet
125%


MT Web Portal -Upload Files - Windows Internet Explorer
Choose file
Look in: Program Files
7-Zip
Acro Software
ACS
Citrix
Common Files
ComPlus Applications
CONEXANT
Coupons
CyberLink
Dell
DellTPad
GNUGS
IDM Computer Solutions
InstallShield Installation Information
Internet Explorer
Java
Kyocera
Kyocera Mita
McAfee
Microsoft ActiveSync
Microsoft Baseline Security Analyzer 2
microsoft frontpage
Microsoft Office
Microsoft Silverlight
Microsoft Visual Studio
Microsoft Works
My Recent Documents
Desktop
My Documents
My Computer
My Network Places
File name:
Files of type: All Files (*.*)
Open
Cancel
PUBLIC HEALTH & HUMAN SERVICES
Exit | Help
MY ACCESS
MT DPHHS
not upload a file larger than 100MB
click 'Browse' to select a file.
Submitter ID: 7779999
File Path:
Browse...
Upload
Clear Fields
Done
Internet
125%


MT Web Portal -Upload Files - Windows Internet Explorer
https://mtaccesstohealth.acs-shc.com/mt/secure/uploadHome.do
Google
File Edit View Favorites Tools Help
Share Browser WebEx
MT Web Portal -Upload Files
Page Tools
mt.gov
Montana's Official State Website
Montana Access to Health Web Portal
HOME INQUIRIES SUBMISSIONS
Home > Submissions > Upload Files
Upload Files
Only X12 HIPAA compliant files may be uploade
(megabytes) in size.
Select a Submitter ID, and either enter the path
Submitter ID: 7109434
File Path:
Upload
Clear Fields
Choose file
Look in: ACS
My Recent Documents
Desktop
My Documents
My Computer
My Network Places
DPA
DPA4
OmniTrack
W5010
W ap2003
File name:
Files of type: All Files (*.*)
Open
Cancel
For assistance, visit Help or contact the Montana Access to Health Web Portal Help Center at 1-800-624-3958.
Site last modified: 2011.11.29
Build Version: prod-008.22 2011.11.29 - 85
Copyright © 2005 ACS. All rights reserved.
Go to top of page
Internet
100%


MT Web Portal -Upload Files - Windows Internet Explorer
Choose file
Look in: Winasap2003
db
car_96x96.jpg
Maintenance.dll
HIPAA.GID
Hipaa.hlp
Tutil32.dll
Uninst.dll
Uninst.isu
W2003.exe
wa3.ini
wdof.exe
wrpd.exe
My Recent Documents
Desktop
My Documents
My Computer
My Network Places
File name:
Files of type: All Files (*.*)
Open
Cancel
PUBLIC HEALTH & HUMAN SERVICES
Exit | Help
GE USERS MY ACCESS
MT DPHHS
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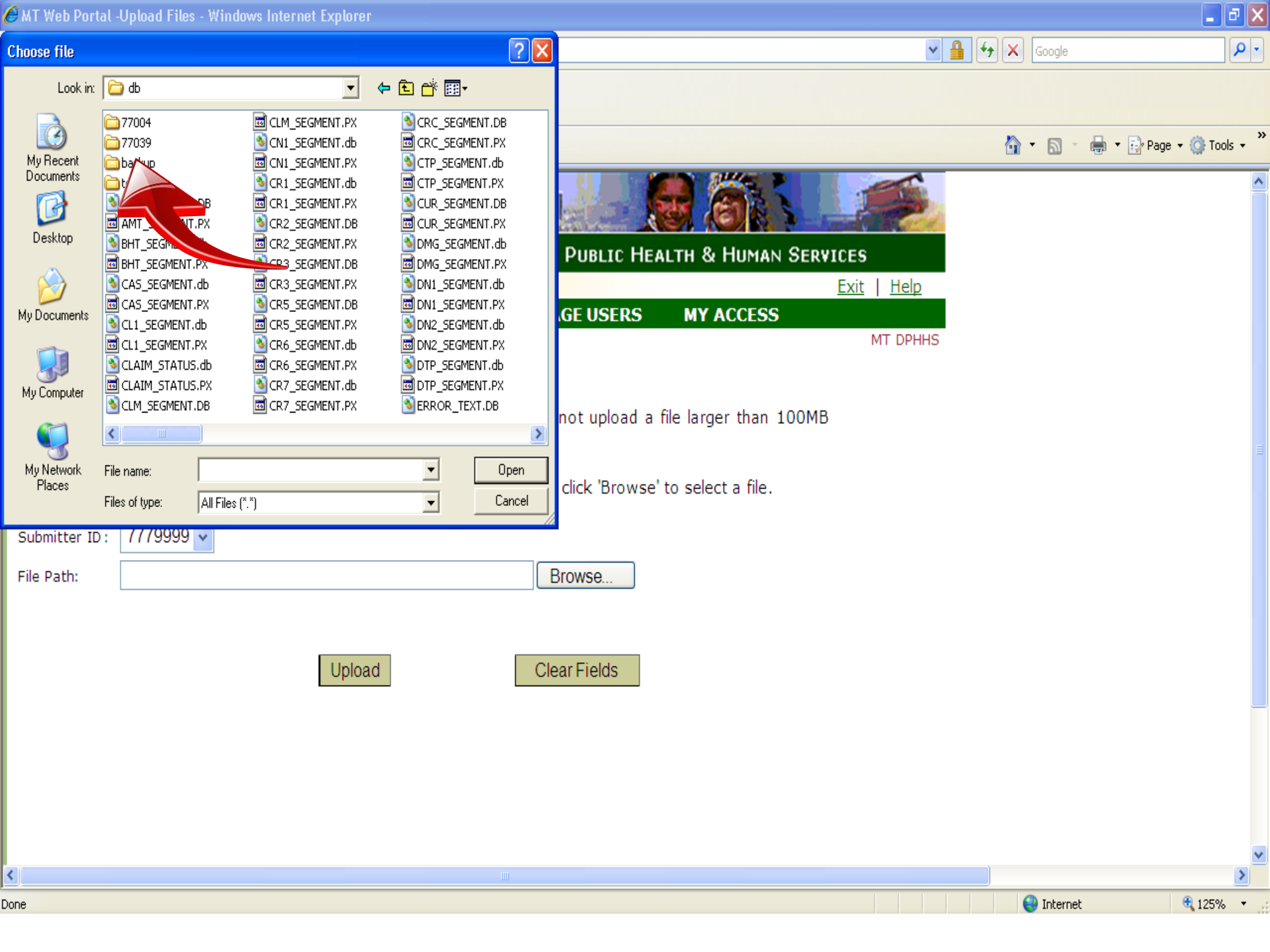
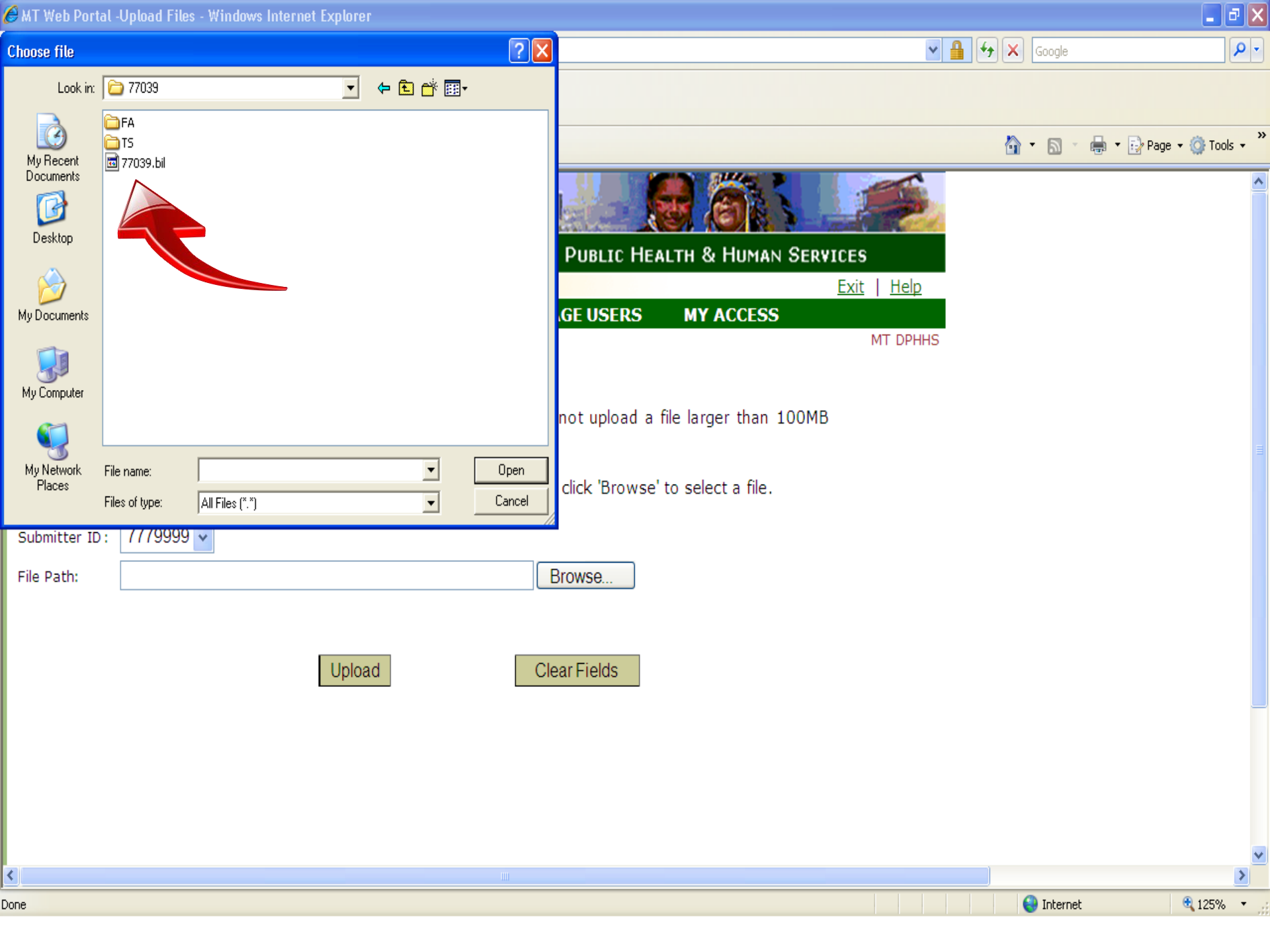
click 'Browse' to select a file.
Submitter ID: 7779999
File Path:
Browse...
Upload
Clear Fields
Done
Internet
125%


MT Web Portal -Upload Files - Windows Internet Explorer
Choose file
Look in: db
My Recent Documents
Desktop
My Documents
My Computer
My Network Places
77004
77039
CLM_SEGMENT.PX
CN1_SEGMENT.db
CN1_SEGMENT.PX
CR1_SEGMENT.db
CR1_SEGMENT.PX
CR2_SEGMENT.DB
CR2_SEGMENT.PX
CR3_SEGMENT.DB
CR3_SEGMENT.PX
CR5_SEGMENT.DB
CR5_SEGMENT.PX
CR6_SEGMENT.db
CR6_SEGMENT.PX
CR7_SEGMENT.db
CR7_SEGMENT.PX
CRC_SEGMENT.DB
CRC_SEGMENT.PX
CTP_SEGMENT.db
CTP_SEGMENT.PX
CUR_SEGMENT.DB
CUR_SEGMENT.PX
DMG_SEGMENT.db
DMG_SEGMENT.PX
DN1_SEGMENT.db
DN1_SEGMENT.PX
DN2_SEGMENT.db
DN2_SEGMENT.PX
DTP_SEGMENT.db
DTP_SEGMENT.PX
ERROR_TEXT.DB
BHT_SEGMENT.PX
CAS_SEGMENT.db
CAS_SEGMENT.PX
CL1_SEGMENT.db
CL1_SEGMENT.PX
CLAIM_STATUS.db
CLAIM_STATUS.PX
File name:
Files of type: All Files (*.*)
Open
Cancel
PUBLIC HEALTH & HUMAN SERVICES
Exit | Help
GE USERS
MY ACCESS
MT DPHHS
not upload a file larger than 100MB
click 'Browse' to select a file.
Submitter ID: 7779999
File Path:
Browse...
Upload
Clear Fields
Done
Internet
125%


MT Web Portal -Upload Files - Windows Internet Explorer
Choose file
Look in:
77039
FA
TS
77039.bil
My Recent Documents
Desktop
My Documents
My Computer
My Network Places
File name:
Files of type:
All Files (*.*)
Open
Cancel
Google
Page
Tools
PUBLIC HEALTH & HUMAN SERVICES
Exit | Help
GE USERS
MY ACCESS
MT DPHHS
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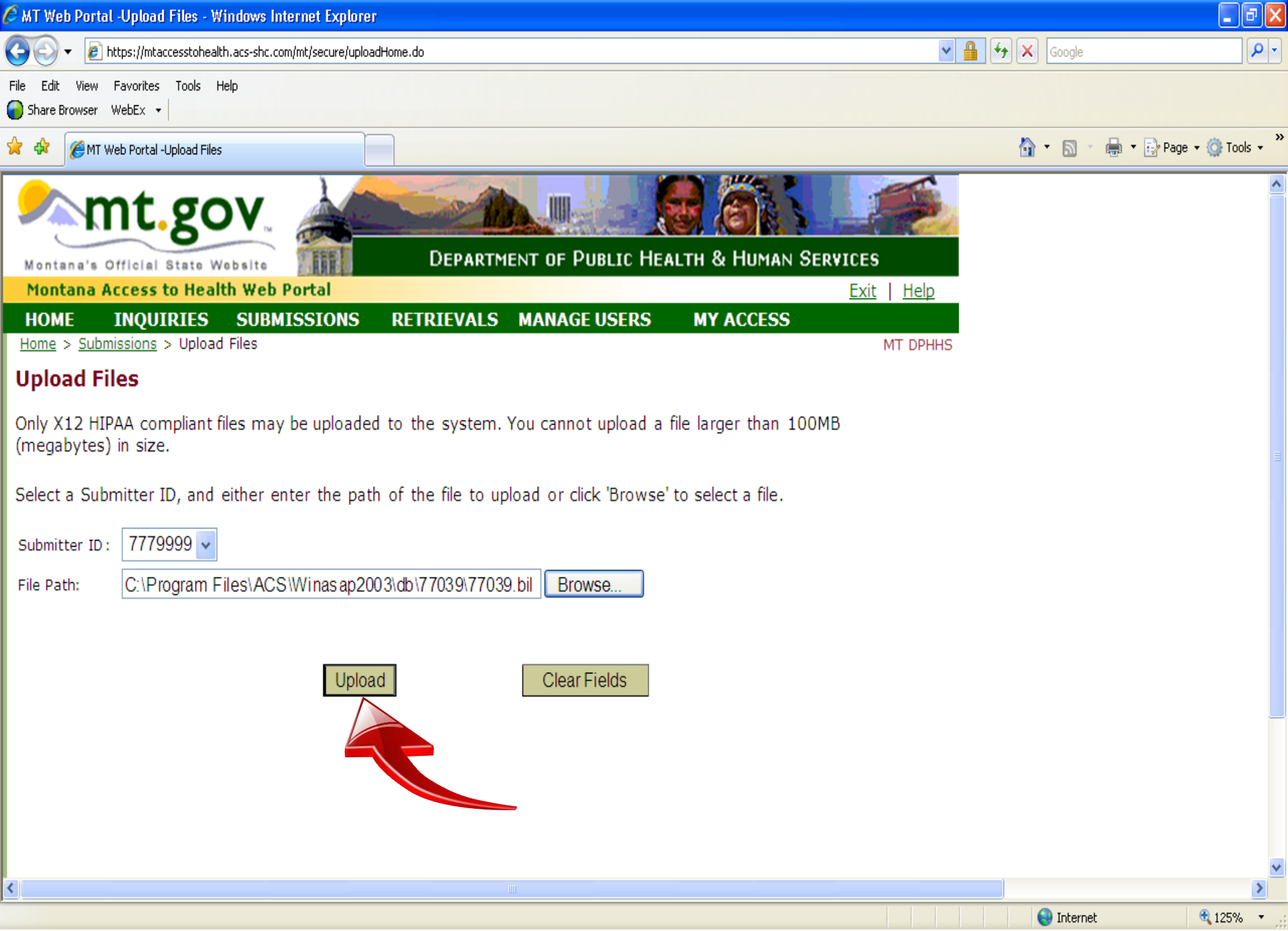
Submitter ID :
7779999
File Path:
Browse...
Upload
Clear Fields
Done
Internet
125%


MT Web Portal -Upload Files - Windows Internet Explorer
https://mtaccesstohealth.acs-shc.com/mt/secure/uploadHome.do
File Edit View Favorites Tools Help
Share Browser WebEx
MT Web Portal -Upload Files
Page Tools
mt.gov
Montana's Official State Website
DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES
Montana Access to Health Web Portal
Exit | Help
HOME INQUIRIES SUBMISSIONS RETRIEVALS MANAGE USERS MY ACCESS
Home > Submissions > Upload Files
MT DPHHS
Upload Files
Only X12 HIPAA compliant files may be uploaded to the system. You cannot upload a file larger than 100MB (megabytes) in size.
Select a Submitter ID, and either enter the path of the file to upload or click 'Browse' to select a file.
Submitter ID : 7779999
File Path: C:\Program Files\ACS\Winasap2003\db\77039\77039.bil
Browse...
Upload
Clear Fields
Internet
125%


Questions?

MONTANA
Department of Public Health & Human Services

Electronic Claims:

Loops, Segments, and 5010

Getting Questions Answered

- What are Loops and Segments?
- How do I know what goes where?
- How do I submit?
- What happens if something is missing?

What Are Loops and Segments?

- Loops and segments are similar to boxes on the paper claim form
- Indicators
- Header and footer information

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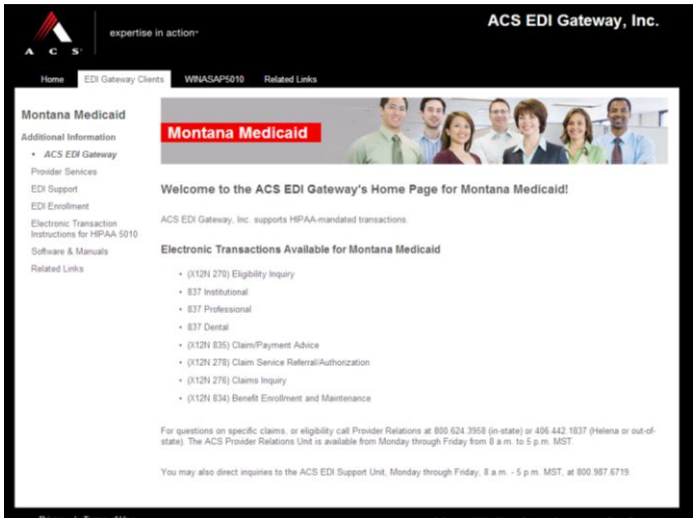
How do I know what goes where?

- 5010 X12 Technical Report (TR3)

- Electronic Transaction Instructions for HIPAA 5010



How do I submit?

- Three different ways:
- Direct (WINASAP)
- Direct (Other billing software)
- Clearinghouse (Third Party Biller)

HIPAA 5010

- Went live date – Final Implementation was Feb 1, 2012
  - Date of submission, **not date of service**
- Qualifier Changes
  - Electronic claim taxonomy identifier will be PXC
    - Paper 1500 use the ZZ qualifier
    - Paper UB-04 use the B3 qualifier
  - Provider Secondary Identifier
    - 1D for UB-04 paper claims
    - G2 for 1500 paper claims after January 1, 2012, regardless of DOS
      - Per billing instructions, version 7.0 dated 7/11, at http://www.nucc.org

What happens if something is missing?

- Rejection!
  - Rejected claims do not make it into process.
  - Rejected claim can be corrected and resubmitted.
  - Notified of rejection by way of submission.

Getting Notified of Rejected Claims

- Response depends on submission method
  - WINASAP5010
  - Billing agent
  - Web portal
  - Clearinghouse
  - Direct submission

Interpreting Rejected Claims

- TR3
  - Overall guide to loops and segments
- Not state-specific
  - Montana-specific information can be found on Montana Health Care Programs website
- Provider Relations EDI Support

  (800) 987-6719

Dealing with Rejected Claims

- Claims reject for lack of information and/or lack of valid information
- My claim rejected, now what?
  - Verify claim for prudent information
    - Client ID
    - NPI/Taxonomy entered correct
    - Zip Code + 4
    - CSCT Teams number
    - Check qualifiers

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Electronic Transaction Instructions for HIPAA 5010

- State-specific guide to loops and segments
  - Basic outline
  - Specific information about 277CA
  - www.mtmedicaid.org

Determining Acceptance

- Accepted versus Rejected
- 999 – Overall batch level screening
- 277CA – Montana-specific edits

HIPAA-Based Screening

- 999
  - Functional Acknowledgement
- Required HIPAA data
- Examples:
  - Missing procedure code or revenue code
  - Required information otherwise missing
  - Indicated “test” and sent “production”

Montana Specific Edits

- 277CA
  - Indicates if some of the following information is missing
    - 7 digit Montana submitter ID
    - Billing and Rendering NPI must be 10 digits
    - Atypical providers must submit with 10 digits
    - Receiver ID and Payer ID are the same
    - Valid codes are 0, 1, 2, 3, 4, and 5 for claims frequency
    - Patient claims should not be submitted with Subscriber Claims
    - Client ID should be
      - 7 numeric
      - 9 numeric
      - 8 numeric characters followed by one alpha character

WINASAP5010

- Free billing software
- Allows for Professional, Institutional, and Dental claim batch submissions
- Two ways to submit
  - Dial-up connection with a modem
  - Upload through the web portal
- Downloadable from www.acs-gcro.com

Getting Started with WINASAP5010

- User Guide available
  - www.mtmedicaid.org
    - Electronic Billing

- Must be approved Trading Partner/Submitter
  - www.mtmedicaid.org
    - Forms
      - Provider EDI Enrollment
      - Trading Partner Agreement

WINASAP5010 Features

- Build claims from database
- Keep accurate records of submission
- Determine acceptance
- User friendly

Rejection Versus Denial

- Rejection
  - Claims do not make it into processing.
- Denial
  - Claims do make it into processing but are returned on your RA as denied.

Common Questions

- Why can't I see my eSOR! on the web?
- Why did I receive an EFT but no 835?
- Why am I getting payments for a practitioner that I shouldn't?

Common Questions, cont'd

- Should I bill 2011 claims in the 4010 format?
- When will 5010 testing end?


Questions?

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Department of Public Health & Human Services

CyberAccess

Getting Started

- Log in through the web portal
  - If not already registered on web portal, complete necessary EDI forms
- Available 24/7

Background and Purpose of CyberAccess

- New patient information
- Download claim data
- Identify clinical issues
- Electronically request a PA
- Identify PA approved or denied
- Receive prescribing alternatives
- Transmit a prescription electronically

Privacy and Security

- State policies and Federal law restricts access for medical information related to:
  - Alcoholism
  - AIDS
  - Mental illness
  - Abortion
  - STDs
  - Other diagnosis

What we will cover

- Logging in and getting started
- Accessing patient information
  - Viewing medical history
  - Viewing drug history
  - Patient info
- Reports and other features

Getting Started

- Must have Electronic Health Records Access in the web portal.
- Office administrator can assign the privilege in the web portal.
- 24-hour turnaround for access to electronic health records.

mt.gov
Montana's Official State Website

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Montana Access to Health Web Portal

Update User

To update this user, change the information below and click 'Submit.' If this is not the correct user, click 'Cancel' and try your search again.

User ID: bbunny Last Name: Bunny First Name: Big

* *denotes required field(s)*

* E-mail: big.bunny@acs-inc.com * Confirm E-mail: big.bunny@acs-inc.com

* Phone Number: 4065555555 (i.e. ##########)

Security Privileges

- [x] Verify Eligibility
- [x] Check Claim Status
- [x] View Provider Payment
- [x] Upload Files
- [x] Download Files
- [ ] Office Administrator
- [x] View eISOR Reports
- [x] View Medical History
- [x] View Electronic Health Record
- [ ] Prescriber Privileges

Submit Cancel Reset Password Reset Fields

Go to top of page

mt.gov
Montana's Official State Website

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Montana Access to Health Web Portal

Help

- Log In
- Web Registration
- Provider Enrollment
- Provider Web Portal Home
- Virtual Pavilion
- EDI
- Provider Locator

Welcome to Montana Access to Health Web Portal!

Montana Access to Health Web Portal provides the tools and resources to help healthcare providers conduct business electronically. If you have already registered to use the Montana Access to Health Web Portal, Log In below. If you have already completed a Montana Enrollment Form, but have not yet registered to use the Montana Access to Health Web Portal, click the Web Registration button on the left side of this page to begin. If you are a new provider or have not already completed a Montana Enrollment Form, visit Provider Enrollment for step-by-step instructions.

Log In

Enter your User ID and Password and click 'Log In.' If you do not have a User ID and Password, contact your Office Administrator.

User ID: cybertester Password: ••••••••••

Log In Forgot Your Password?

Many documents available through the Montana Access to Health Web Portal are in PDF format. In order to view them, Adobe Acrobat Reader must be installed on your machine. If it is not, download this program by clicking on the link above.

mt.gov
Montana's Official State Website

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Montana Access to Health Web Portal

Exit | Help

HOME INQUIRIES SUBMISSIONS RETRIEVALS MANAGE USERS MY ACCESS

ACS

Montana Access to Health Web Portal Home Page

Navigate to any of the functions in the Web portal by clicking the following links or by using the top navigation bar. For information about each function, click the corresponding column header. Click on 'My Profile,' located in the 'My Access' section, to display your current Montana Access to Health Web Portal profile. You will be able to perform only those tasks allowed by the user privileges assigned to you.

Site Contents

Inquiries	Submissions	Retrievals	Manage Users	My Access
Eligibility	Upload Files	View/Download Files	Add New User to Organization	My Profile
Claim Status		View e!SOR Reports	Add Existing User to Organization	Change Organization
Provider Payment Summary		My Inbox	Update or Remove Users/Reset Password	Change Password
Claims-based Medical History			Manage Submitter IDs	Manage Proxies
Electronic Health Record				
Ask Provider Relations				
Provider Locator				

ATTENTION PROVIDERS: The Electronic Health Record link has been added to allow you to view your patients' claims medical history. If you need this access and do not have it, please contact your office administrator. E-prescribing is now available. Please contact your office administrator to add prescribing rights to your user account.

You've logged into the organization displayed under the navigation bar on the right. This organization will be used to determine the Provider Number and Submitter IDs you can use for your transactions (i.e., Inquiries, Submissions and Retrievals). To change this organization, click 'Change Organization' and follow the instructions.

Logout

CyberAccess

ACS State Healthcare, LLC.

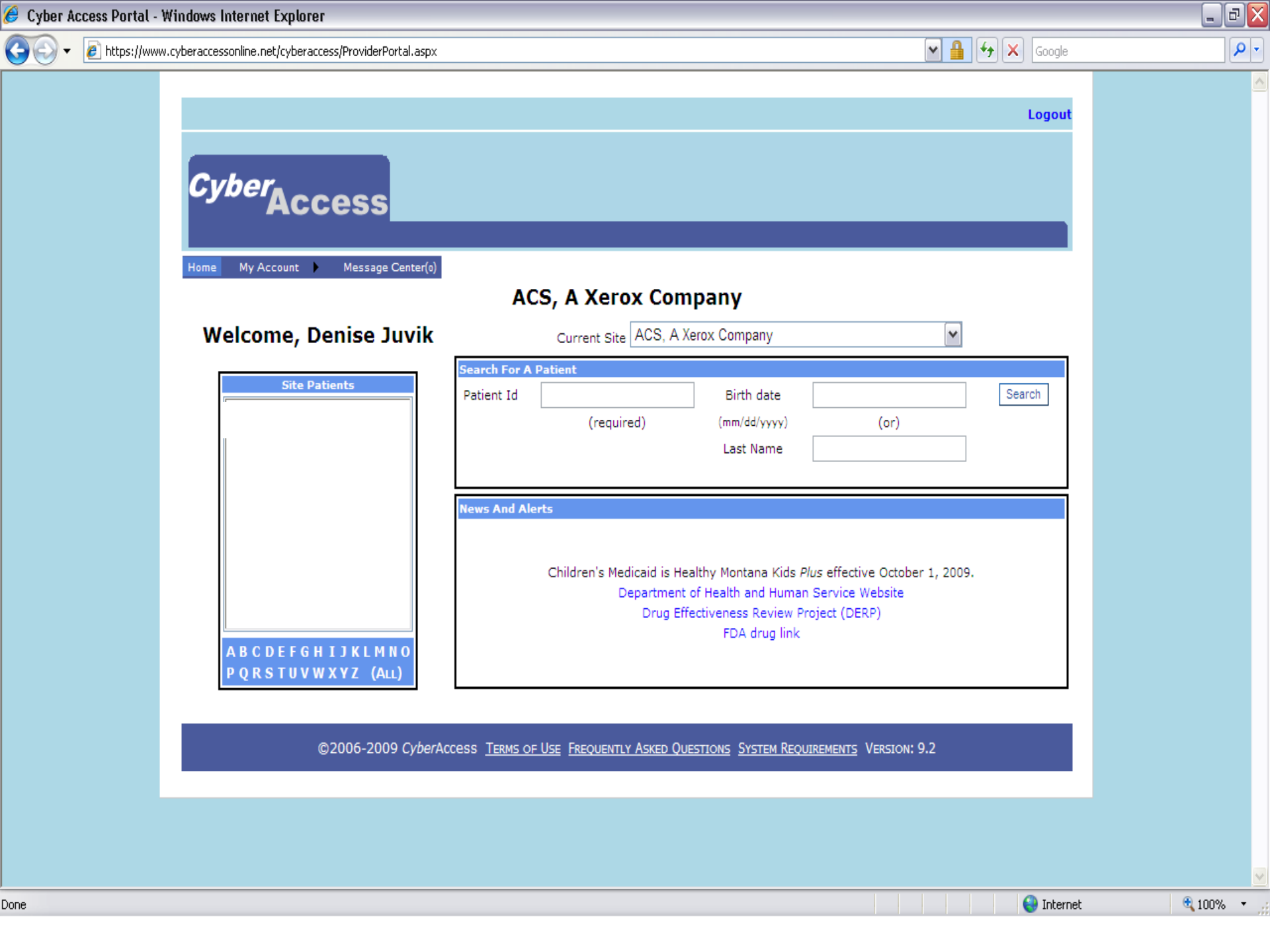
CyberAccess℠
End User License Agreement and Terms of Use

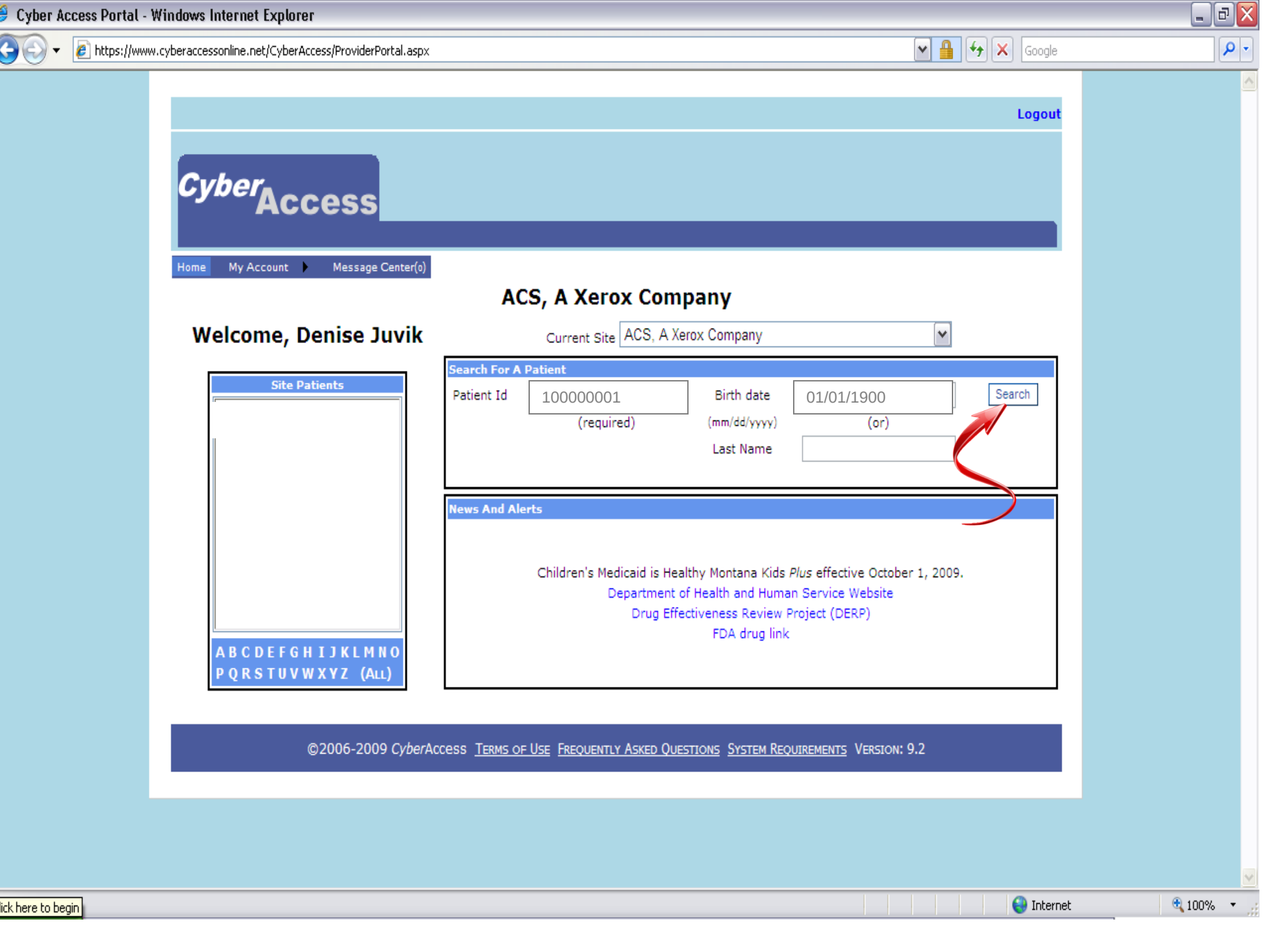
ACCEPTANCE OF TERMS

The services that ACS State Healthcare, LLC. ("**ACS**") provides to you are subject to the terms and conditions of this End User License Agreement and Terms of Use **("this Agreement")**. ACS reserves the right to amend this Agreement at any time without notice to you. The date of the most recent amendment will appear on this page. This Agreement governs the use of all data and software available at this site **("Site")**. Please read the rules contained in this Agreement carefully. You can access this Agreement at any time by clicking on User Agreement at the bottom of every page on this Site. If you do not agree to abide by this Agreement, your access to any other pages of this Site will be denied. **Clicking on the "I Agree" button at the end of this Agreement and accessing of this Site by you will constitute your acceptance of this Agreement. Continued accessing of this Site by you will constitute your acceptance of any amendments to this Agreement**. Your failure to follow the terms and conditions for use

I Accept | I Disagree

 VERSION: 9.2


Cyber Access Portal - Windows Internet Explorer
https://www.cyberaccessonline.net/cyberaccess/ProviderPortal.aspx
Google
Logout
CyberAccess
Home
My Account
Message Center(0)
ACS, A Xerox Company
Welcome, Denise Juvik
Current Site
ACS, A Xerox Company
Site Patients
A B C D E F G H I J K L M N O
P Q R S T U V W X Y Z (ALL)
Search For A Patient
Patient Id
(required)
Birth date
(mm/dd/yyyy)
(or)
Last Name
Search
News And Alerts
Children's Medicaid is Healthy Montana Kids Plus effective October 1, 2009.
Department of Health and Human Service Website
Drug Effectiveness Review Project (DERP)
FDA drug link
©2006-2009 CyberAccess
TERMS OF USE
FREQUENTLY ASKED QUESTIONS
SYSTEM REQUIREMENTS
VERSION: 9.2
Done
Internet
100%


Cyber Access Portal - Windows Internet Explorer
https://www.cyberaccessonline.net/CyberAccess/ProviderPortal.aspx
Google
Logout
CyberAccess
Home
My Account
Message Center(0)
ACS, A Xerox Company
Welcome, Denise Juvik
Current Site
ACS, A Xerox Company
Site Patients
A B C D E F G H I J K L M N O
P Q R S T U V W X Y Z (ALL)
Search For A Patient
Patient Id
100000001
(required)
Birth date
01/01/1900
(mm/dd/yyyy)
(or)
Last Name
Search
News And Alerts
Children's Medicaid is Healthy Montana Kids Plus effective October 1, 2009.
Department of Health and Human Service Website
Drug Effectiveness Review Project (DERP)
FDA drug link
©2006-2009 CyberAccess
TERMS OF USE
FREQUENTLY ASKED QUESTIONS
SYSTEM REQUIREMENTS
VERSION: 9.2
lick here to begin
Internet
100%

Logout

CyberAccess

Home > Patient Info > Demographics

Patient info For - Dock, Water

Print Patient Profile | Check Drug/e-Prescribe Drug

Home | Patient Info | Drug History | Medical History | Message Center(0)

Demographics
Review Profile

ACS, A Xerox Company

Montana Medicaid Demographics

Last Name:	Dock
First Name:	Water
Middle Initial:	
Date of Birth:	01/01/1900
Gender:	M
Phone #:	
Medicaid ID:	100000001

Address
111 Main St
Apt #4
Sea Side, MT 50000

ACS, A Xerox Company

MONTANA
Department of Public Health & Human Services

ACS State Healthcare, LLC. Patient Profile Report

WARNING MESSAGE – Under Federal and State legal authorities, select health care data information may not be displayed.

Patient Demographics

Patient Name:	Dock, Water	Gender:	M
Patient ID:	100000001	Date of Birth:	01/01/1900

Alert Message For Paid Drug Claims

Alert Key	Message

Paid Drug Claims Sorted by Therapeutic Class

Class	Service Date	Drug Name	Qty	Days	Refill	Alerts	Phys	Pharm
Alpha-Adrenergic Blocking Agents								
	11/19/2010	PRAZOSIN 2 MG CAPSULE	90	30	00		B	A
	10/22/2010	PRAZOSIN 2 MG CAPSULE	90	30	00		B	A
	9/28/2010	PRAZOSIN 2 MG CAPSULE	90	30	00		B	A
	9/2/2010	PRAZOSIN 2 MG CAPSULE	90	30	00		B	A

Logout

CyberAccess

Patient info For - Dock, Water

Print Patient Profile | Check Drug/e-Prescribe Drug

Home | Patient Info | Drug History | Medical History | Message Center(0)

ACS, A Xerox Company

1 of 10 | 100% | Find | Next | Select a format | Export

Select a format
XML file with report data
CSV (comma delimited)
TIFF file
Acrobat (PDF) file
Web archive
Excel

MONTANA
Department of Public Health & Human Services

ACS State Healthcare, LLC. Patient Profi

WARNING MESSAGE – Under Federal and State legal authorities, select health care data information may not be displayed.

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Patient Name:	Dock, Water	Gender:	M
Patient ID:	100000001	Date of Birth:	01/01/1900

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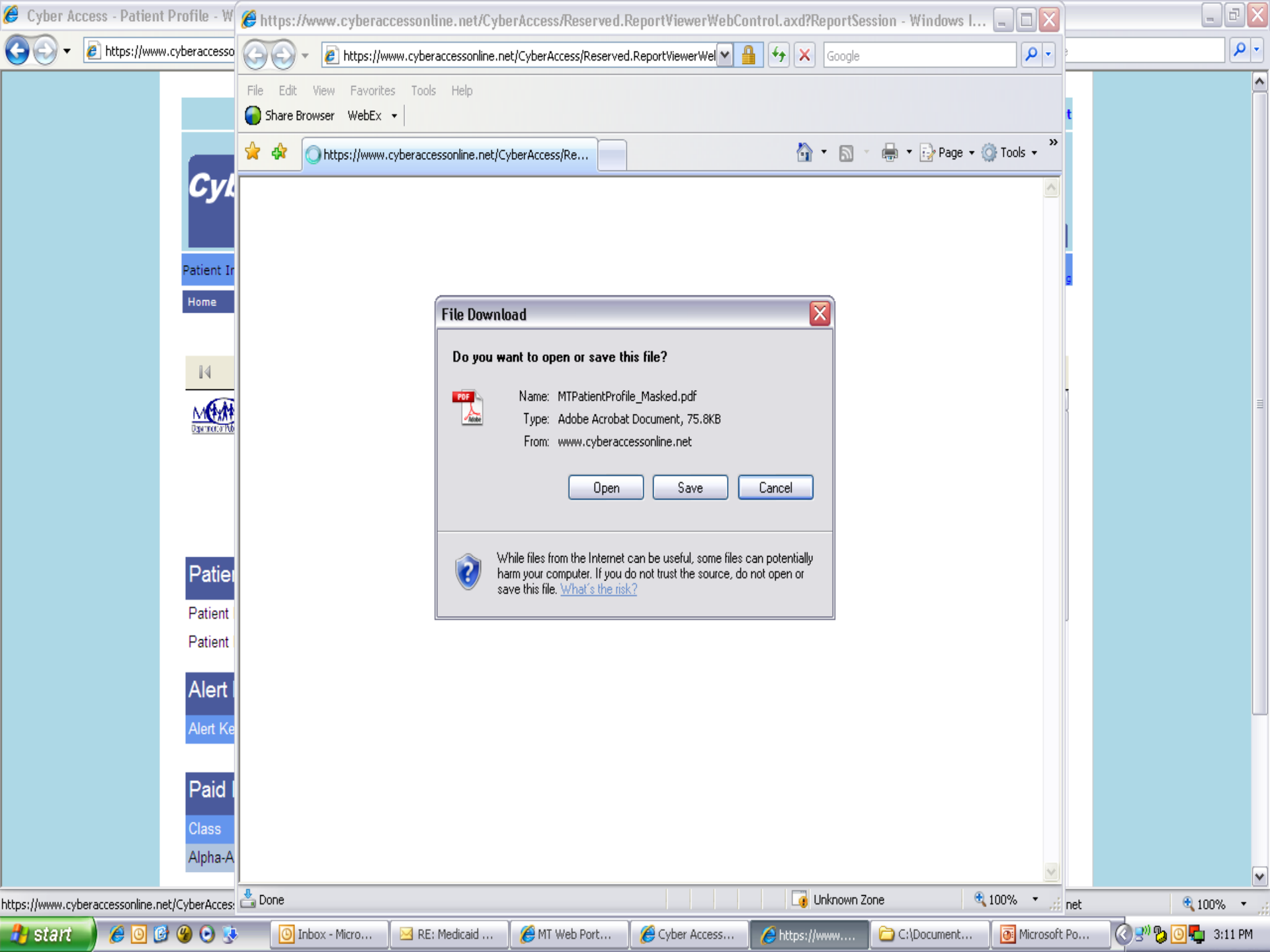
Alpha-Adrenergic Blocking Agents								
	11/19/2010	PRAZOSIN 2 MG CAPSULE	90	30	00		B	A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File Download
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From: www.cyberaccessonline.net
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Cancel
While files from the Internet can be useful, some files can potentially harm your computer. If you do not trust the source, do not open or save this file. What's the risk?
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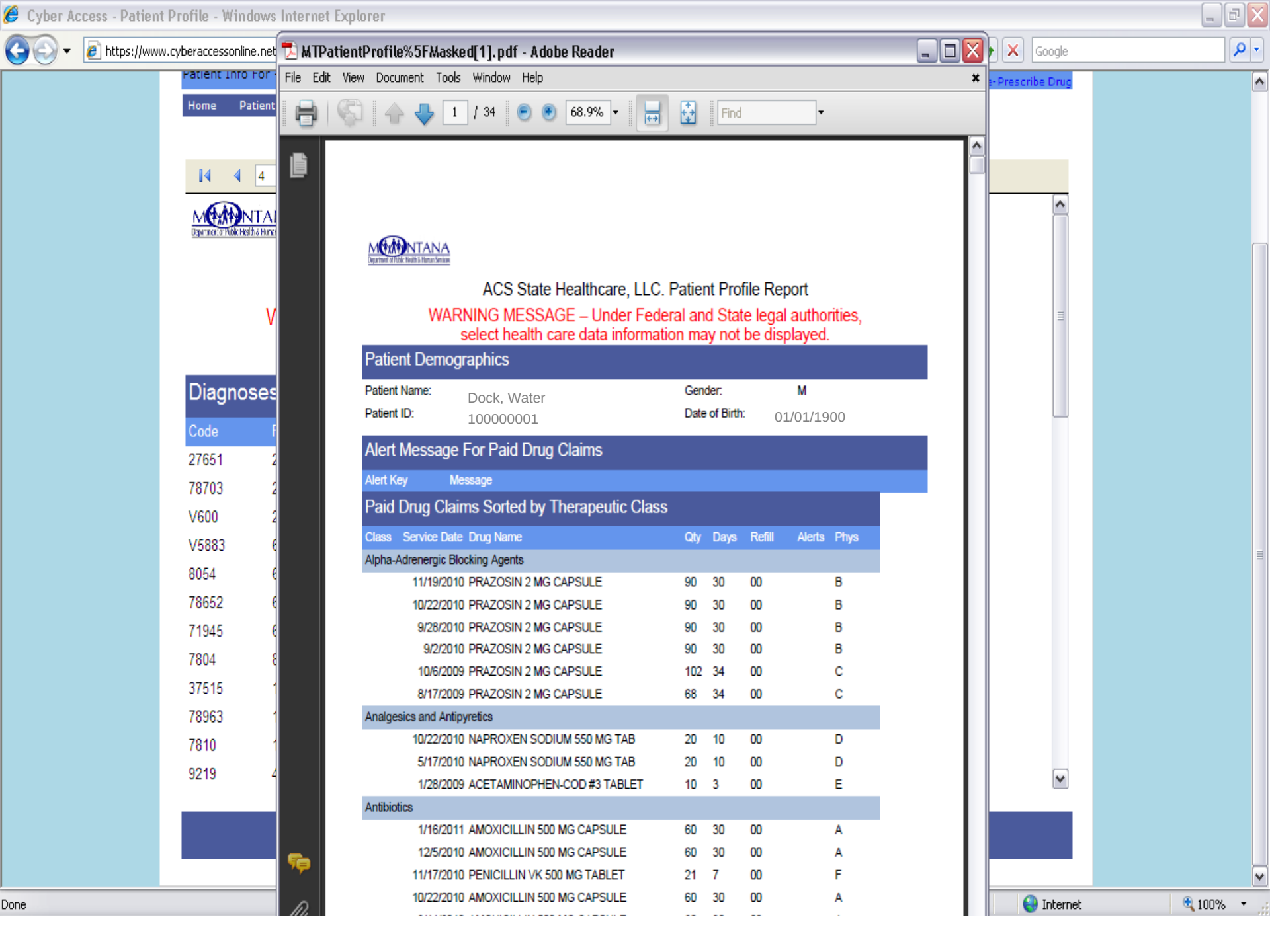

MONTANA

ACS State Healthcare, LLC. Patient Profile Report

WARNING MESSAGE – Under Federal and State legal authorities, select health care data information may not be displayed.

Patient Demographics

Patient Name:	Dock, Water	Gender:	M
Patient ID:	100000001	Date of Birth:	01/01/1900

Alert Message For Paid Drug Claims

Alert Key	Message

Paid Drug Claims Sorted by Therapeutic Class

Class	Service Date	Drug Name	Qty	Days	Refill	Alerts	Phys
Alpha-Adrenergic Blocking Agents							
	11/19/2010	PRAZOSIN 2 MG CAPSULE	90	30	00		B
	10/22/2010	PRAZOSIN 2 MG CAPSULE	90	30	00		B
	9/28/2010	PRAZOSIN 2 MG CAPSULE	90	30	00		B
	9/2/2010	PRAZOSIN 2 MG CAPSULE	90	30	00		B
	10/6/2009	PRAZOSIN 2 MG CAPSULE	102	34	00		C
	8/17/2009	PRAZOSIN 2 MG CAPSULE	68	34	00		C
Analgesics and Antipyretics							
	10/22/2010	NAPROXEN SODIUM 550 MG TAB	20	10	00		D
	5/17/2010	NAPROXEN SODIUM 550 MG TAB	20	10	00		D
	1/28/2009	ACETAMINOPHEN-COD #3 TABLET	10	3	00		E
Antibiotics							
	1/16/2011	AMOXICILLIN 500 MG CAPSULE	60	30	00		A
	12/5/2010	AMOXICILLIN 500 MG CAPSULE	60	30	00		A
	11/17/2010	PENICILLIN VK 500 MG TABLET	21	7	00		F
	10/22/2010	AMOXICILLIN 500 MG CAPSULE	60	30	00		A

Drug History

- Claims
  - Drug Alerts
  - Physicians
  - Pharmacies
  - Pharmacy Claims

Logout

CyberAccess

Home > Patient Info > Demographics

Patient info For - Dock, Water

Print Patient Profile | Check Drug/e-Prescribe Drug

Home | Patient Info | Drug History | Medical History | Message Center(0)

Claims
PA's on File

ACS, A Xerox Company

Montana Medicaid Demographics

Last Name:	Dock
First Name:	Water
Middle Initial:	
Date of Birth:	01/01/1900
Gender:	M
Phone #:	
Medicaid ID:	100000001

Address
111 Main St
Apt #4
Sea Side, MT 50000

 Terms of Use | Frequently Asked Questions | System Requirements | Version: 9.2

Physicians

Physician Code	Physician Name
A	TODD B WAMPLER MD
B	CHARLES J TUPPER M.D.
C	not available
C	not available
D	ANDREW C MICHEL MD
E	MARK B RABOLD MD
F	THOMAS J RUDOLPH
G	CUNNINGHAM, KARI MICHELLE, APRN
H	HEATHER MCREE DO
I	ANDREW J CARTER
J	WESSEL, KATY JOANNE, DO

Pharmacy Claims

02/16/2011	LAMOTRIGINE 200 MG TABLET	30	30	0001	Anticonvulsants	B	A
02/16/2011	SEROQUEL 300 MG TABLET	60	30	0001	Psychotherapeutic Agents	B	A
01/24/2011	LAMOTRIGINE 200 MG TABLET	30	30	0000	Anticonvulsants	B	A
01/24/2011	LITHIUM CARBONATE 300 MG CAP	150	25	0000	Antimanic Agents	B	A
01/24/2011	SEROQUEL 300 MG TABLET	60	30	0000	Psychotherapeutic Agents	B	A
01/16/2011	AMOXICILLIN 500 MG CAPSULE	60	30	0004	Antibiotics	A	A
12/19/2010	SEROQUEL 300 MG TABLET	60	30	0000	Psychotherapeutic Agents	B	A
12/05/2010	AMOXICILLIN 500 MG CAPSULE	60	30	0003	Antibiotics	A	A
11/24/2010	FENOFIBRATE 160 MG TABLET	30	30	0000	Antilipemic Agents	A	A
11/19/2010	PRAZOSIN 2 MG CAPSULE	90	30	0000	Alpha-Adrenergic Blocking Agents	B	A
11/19/2010	LAMOTRIGINE 200 MG TABLET	30	30	0000	Anticonvulsants	B	A
11/19/2010	LITHIUM CARBONATE 300 MG CAP	150	30	0000	Antimanic Agents	B	A
11/19/2010	SEROQUEL 300 MG TABLET	60	30	0000	Psychotherapeutic Agents	B	A
11/17/2010	PENICILLIN VK 500 MG TABLET	21	7	0000	Antibiotics	F	A
10/22/2010	AMOXICILLIN 500 MG CAPSULE	60	30	0002	Antibiotics	A	A
10/22/2010	PRAZOSIN 2 MG CAPSULE	90	30	0000	Alpha-Adrenergic Blocking Agents	B	A
10/22/2010	LAMOTRIGINE 200 MG TABLET	30	30	0000	Anticonvulsants	B	A

Procedure Medical History

- Description
- Code
- First Date
- Last Date
- Claim Number
- Provider will read N/A
- Place of Service

ACS, A Xerox Company

Montana Medicaid Demographics

Last Name:	Dock
First Name:	Water
Middle Initial:	
Date of Birth:	01/01/1900
Gender:	M
Phone #:	
Medicaid ID:	100000001

Address
111 Main St
Apt #4
Sea Side, MT 50000

Access

Patient info For - Dock, Water

Print Patient Profile | Check Drug/e-Prescribe Drug

Home | Patient Info | Drug History | Medical History | Message Center(0)

ACS, A Xerox Company

Procedures

WARNING MESSAGE EUnder Federal and State legal authorities, select health care data information may not be displayed.

Description	Code	First Date	Last Date
OFFICE OUTPT EST 10 MIN	99212	02/02/2007	01/27/2011
CLINIC	510-R	09/24/2010	01/25/2011
OFFICE OUTPT EST15 MIN	99213	08/09/2006	01/24/2011
THERAPEUTIC BEHAVIORAL SERVICES PER 15 MINUTES	H2019	05/15/2006	01/12/2011
CASE MANAGEMENT EACH 15 MINS	T1016	05/10/2006	01/10/2011
CASE MANAGEMENT; PER MONTH	T2022	01/01/2010	01/01/2011
COORD CARE FEE PHYS COORDD CARE OVRSIGHT SRVC	G9008	07/01/2006	01/01/2011
IADNA NEISSERIA GONORRHOEAE AMP PRB	87591	12/14/2010	12/14/2010
IADNA CHLAMYDIA TRACHOMATIS AMP PRB	87491	12/14/2010	12/14/2010
URNLS DIP STICK/TABLET RGNT AUTO MIC	81001	11/12/2006	12/14/2010
LAB/UROLOGY	307-R	10/20/2010	12/14/2010
LAB/BACT-MICRO	306-R	12/14/2010	12/14/2010
IPI-OB-M/S OFFICE 20-30 MIN MEDICAL E/M	90805	06/19/2006	11/29/2010
EMER DEPT MODERATE SEVERITY	99283	06/14/2006	11/23/2010
EMER DEPT LOW TO MODERATE SEVERITY	99282	08/06/2006	11/23/2010
EMERG ROOM	450-R	10/20/2010	11/23/2010
INFLUENZA VIRUS VACCINE SPLIT VIRUS 3 YEARS + IM	90658	10/30/2008	10/28/2010
URNLS DIP STICK/TABLET RGNT AUTO W/O MIC	81003	12/15/2006	10/25/2010
LAB	300-R	10/25/2010	10/25/2010
INJECTION KETOROLAC TROMETHAMINE PER 15 MG	J1885	01/13/2007	10/22/2010
THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	96372	10/22/2010	10/22/2010
DUP-SCAN ARTL FLO ABDL/PEL/SCROT+/RPR ORGN LMTD	93976	10/22/2010	10/22/2010
US SCROTUM+CNTS	76870	10/22/2010	10/22/2010

Access

Patient info For - Dock, Water

Print Patient Profile | Check Drug/e-Prescribe Drug

Home | Patient Info | Drug History | Medical History | Message Center(0)

ACS, A Xerox Company

Procedures

WARNING MESSAGE EUnder Federal and State legal authorities, select health care data information may not be displayed.

Description	Code	First Date	Last Date
OFFICE OUTPT EST 10 MIN	99212	02/02/2007	01/27/2011
CLINIC	510-R	09/24/2010	01/25/2011
OFFICE OUTPT EST15 MIN	99213	08/09/2006	01/24/2011

Claim #	Start Date	End Date	Provider	Place Of Service
21000000100000000	10/03/2010	10/03/2010	CASSIE A SEARLE PA-C	
21000000200000000	10/25/2010	10/25/2010	TODD B WAMPLER MD	
21000000300000000	10/25/2010	10/25/2010	ST PETERS HOSPITAL	
21000000400000000	01/01/2011	01/01/2011	KARI M CUNNINGHAM FNP	
21000000500000000	01/07/2011	01/07/2011	TODD B WAMPLER MD	
21000000600000000	01/07/2011	01/07/2011	ST PETERS HOSPITAL	
21000000700000000	01/24/2011	01/24/2011	AWARE INC (MD)	

THERAPEUTIC BEHAVIORAL SERVICES PER 15 MINUTES	H2019	05/15/2006	01/12/2011
CASE MANAGEMENT EACH 15 MINS	T1016	05/10/2006	01/10/2011
CASE MANAGEMENT; PER MONTH	T2022	01/01/2010	01/01/2011
COORD CARE FEE PHYS COORDD CARE OVRSIGHT SRVC	G9008	07/01/2006	01/01/2011
IADNA NEISSERIA GONORRHOEAE AMP PRB	87591	12/14/2010	12/14/2010
IADNA CHLAMYDIA TRACHOMATIS AMP PRB	87491	12/14/2010	12/14/2010
URNLS DIP STICK/TABLET RGNT AUTO MIC	81001	11/12/2006	12/14/2010
LAB/UROLOGY	307-R	10/20/2010	12/14/2010
LAB/BACT-MICRO	306-R	12/14/2010	12/14/2010
IPI-OB-M/S OFFICE 20-30 MIN MEDICAL E/M	90805	06/19/2006	11/29/2010
EMER DEPT MODERATE SEVERITY	99283	06/14/2006	11/23/2010
EMER DEPT LOW TO MODERATE SEVERITY	99282	08/06/2006	11/23/2010
EMERG ROOM	450-R	10/20/2010	11/23/2010

Access

Patient info For - Dock, Water

Print Patient Profile | Check Drug/e-Prescribe Drug

Home | Patient Info | Drug History | Medical History | Message Center(0)

ACS, A Xerox Company

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CLINIC	510-R	09/24/2010	01/25/2011
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21000000200000000	10/25/2010	10/25/2010	TODD B WAMPLER MD	
21000000300000000	10/25/2010	10/25/2010	ST PETERS HOSPITAL	
21000000400000000	01/01/2011	01/01/2011	KARI M CUNNINGHAM FNP	
21000000500000000	01/07/2011	01/07/2011	TODD B WAMPLER MD	
21000000600000000	01/07/2011	01/07/2011	ST PETERS HOSPITAL	
21000000700000000	01/24/2011	01/24/2011	AWARE INC (MD)	

THERAPEUTIC BEHAVIORAL SERVICES PER 15 MINUTES	H2019	05/15/2006	01/12/2011
CASE MANAGEMENT EACH 15 MINS	T1016	05/10/2006	01/10/2011
CASE MANAGEMENT; PER MONTH	T2022	01/01/2010	01/01/2011
COORD CARE FEE PHYS COORDD CARE OVRSIGHT SRVC	G9008	07/01/2006	01/01/2011
IADNA NEISSERIA GONORRHOEAE AMP PRB	87591	12/14/2010	12/14/2010
IADNA CHLAMYDIA TRACHOMATIS AMP PRB	87491	12/14/2010	12/14/2010
URNLS DIP STICK/TABLET RGNT AUTO MIC	81001	11/12/2006	12/14/2010
LAB/UROLOGY	307-R	10/20/2010	12/14/2010
LAB/BACT-MICRO	306-R	12/14/2010	12/14/2010
IPI-OB-M/S OFFICE 20-30 MIN MEDICAL E/M	90805	06/19/2006	11/29/2010
EMER DEPT MODERATE SEVERITY	99283	06/14/2006	11/23/2010
EMER DEPT LOW TO MODERATE SEVERITY	99282	08/06/2006	11/23/2010
EMERG ROOM	450-R	10/20/2010	11/23/2010

mt.gov
Montana's Official State Website

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Montana Access to Health Web Portal

Exit | Help

HOME INQUIRIES SUBMISSIONS RETRIEVALS MANAGE USERS MY ACCESS

MT DPHHS

Montana Access to Health Web Portal Home Page

Navigate to any of the functions in the Web portal by clicking the following links or by using the top navigation bar. For information about each function, click the corresponding column header. Click on 'My Profile,' located in the 'My Access' section, to display your current Montana Access to Health Web Portal profile. You will be able to perform only those tasks allowed by the user privileges assigned to you.

Site Contents

Inquiries	Submissions	Retrievals	Manage Users	My Access
Eligibility	Upload Files	View/Download Files	Add New User to Organization	My Profile
Claim Status		View e!SOR Reports	Add Existing User to Organization	Change Organization
Provider Payment Summary		My Inbox	Update or Remove Users/Reset Password	Change Password
Claims-based Medical History			Manage Submitter IDs	Manage Proxies
Electronic Health Record				
Ask Provider Relations				
Provider Locator				

ATTENTION PROVIDERS: The Electronic Health Record link has been added to allow you to view your patients' claims medical history. If you need this access and do not have it, please contact your office administrator. E-prescribing is now available. Please contact your office administrator to add prescribing rights to your user account.

You've logged into the organization displayed under the navigation bar on the right. This organization will be used to determine the Provider Number and Submitter IDs you can use for your transactions (i.e., Inquiries, Submissions and Retrievals). To change this organization, click 'Change Organization' and follow the instructions.


MT Web Portal -Claim Status Inquiry - Windows Internet Explorer
https://mtaccesstohealth.acs-shc.com/mt/secure/claimStatusInquiryHome.do
File Edit View Favorites Tools Help
Share Browser WebEx
MT Web Portal -Claim Status Inquiry
mt.gov
Montana's Official State Website
DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES
Montana Access to Health Web Portal
Exit | Help
HOME INQUIRIES SUBMISSIONS RETRIEVALS MANAGE USERS MY ACCESS
Home > Inquiries > Claim Status Inquiry
MT DPHHS
Claim Status Inquiry
Select a Provider Number and enter available information in the remaining fields before clicking 'Submit'. Searches will be performed only against claims processed in the last three years.
* denotes required field(s)
* NPI or Provider Number:
1234567
* Client Information:
Client ID:
Claim First Date of Service:
mm dd ccyy
Claim Last Date of Service:
mm dd ccyy
or
ICN/TCN:
21000000100000000
Submit
Clear Fields
Done
Internet
150%

mt.gov
Montana's Official State Website

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Montana Access to Health Web Portal

Claim Detail

Claim Data

Status Information Effective Date:	02/23/2011	ICN/TCN:	21000000100000000
Status Category Code:	F1: Finalized/Payment-The claim/line has been paid.		
Status:	1: For more detailed information, see remittance advice.		
Service Period:	From 10/22/2010 To 10/22/2010		
Bill Type Identifier:		Patient Account Number or Trace Number:	B111PT2
Charged Amount:	$ 1,115.69	Adjudication or Payment Date:	11/08/2010
Payment Amount:	$ 318.70	Check Issue or EFT Effective Date:	11/15/2010

Provider Data

NPI or Provider Number:	123456789
Name or Servicing Organization:	NOT AVAILABLE

Client Data

Name:	Water Dock	Client ID:	100000001
Date of Birth:	01/01/1900	Gender:	M

Payer Data

Name:	Montana Medicaid
Identification:	77039

Line Item Detail Data

1. HC: Health Care Financing

Diagnosis Medical History

- Description
- Code
- First Date
- Last Date
- Claim Number
- Provider will read N/A
- Place of Service

Logout

CyberAccess

Patient info For - Dock, Water

Print Patient Profile | Check Drug/e-Prescribe Drug

Home | Patient Info | Drug History | Medical History | Message Center(0)

ACS, A Xerox Company

Diagnoses

WARNING MESSAGE EUnder Federal and State legal authorities, select health care data information may not be displayed.

Description	Code	First Date	Last Date
FCE NCK+SCLP NO EYE ABRAS/FRIC BURN W/O INF	9100	01/27/2011	01/27/2011
ACUTE URIS OF UNSPECIFIED SITE	4659	06/14/2006	01/25/2011
SCHIZOAFFECTIVE DISORDER UNSPECIFIED	29570	07/21/2005	01/24/2011
UNSPECIFIED PERSONALITY DISORDER	3019	02/01/2008	01/10/2011
UNSPECIFIED DENTAL CARIES	52100	01/07/2011	01/07/2011
OTHER UNKNOWN+UNSPEC CAUSE MORBIDITY/MORTALITY	7999	05/01/2006	01/01/2011
SWELLING MASS OR LUMP IN HEAD AND NECK	7842	11/19/2010	01/01/2011
DYSURIA	7881	10/25/2010	12/14/2010
OTHER SPECIFIED DISORDER OF PENIS	60789	12/14/2010	12/14/2010
NONSPECIFIC ABNORMAL RESULTS LIVR FUNCTION STUDY	7948	11/13/2008	12/01/2010
OTHER AND UNSPECIFIED HYPERLIPIDEMIA	2724	01/29/2009	12/01/2010
UNSPECIFIED DISORDER TEETH+SUPPORTING STRUCTURES	5259	11/17/2010	11/23/2010
JAW PAIN	78492	11/17/2010	11/17/2010
OBESITY, UNSPECIFIED	27800	02/08/2010	11/15/2010
NEED PROPHYLACTIC VACCINATION+INOCULATION FLU	V0481	10/30/2008	10/28/2010
CONTUSION OF GENITAL ORGANS	9224	10/20/2010	10/22/2010
UNSPECIFIED DISORDER OF MALE GENITAL ORGANS	6089	10/22/2010	10/22/2010
OTHER SPECIFIED DISORDER OF MALE GENITAL ORGANS	60889	10/22/2010	10/22/2010

Patient info For - Dock, Water

Print Patient Profile | Check Drug/e-Prescribe Drug

Home | Patient Info | Drug History | Medical History | Message Center(0)

ACS, A Xerox Company

Diagnoses

WARNING MESSAGE EUnder Federal and State legal authorities, select health care data information may not be displayed.

Description	Code	First Date	Last Date
FCE NCK+SCLP NO EYE ABRAS/FRIC BURN W/O INF	9100	01/27/2011	01/27/2011

Claim #	Start Date	End Date	Provider	Place Of Service
21000000100000000	01/27/2011	01/27/2011	TODD B WAMPLER MD	

ACUTE URIS OF UNSPECIFIED SITE	4659	06/14/2006	01/25/2011
SCHIZOAFFECTIVE DISORDER UNSPECIFIED	29570	07/21/2005	01/24/2011
UNSPECIFIED PERSONALITY DISORDER	3019	02/01/2008	01/10/2011
UNSPECIFIED DENTAL CARIES	52100	01/07/2011	01/07/2011
OTHER UNKNOWN+UNSPEC CAUSE MORBIDITY/MORTALITY	7999	05/01/2006	01/01/2011
SWELLING MASS OR LUMP IN HEAD AND NECK	7842	11/19/2010	01/01/2011
DYSURIA	7881	10/25/2010	12/14/2010
OTHER SPECIFIED DISORDER OF PENIS	60789	12/14/2010	12/14/2010
NONSPECIFIC ABNORMAL RESULTS LIVR FUNCTION STUDY	7948	11/13/2008	12/01/2010
OTHER AND UNSPECIFIED HYPERLIPIDEMIA	2724	01/29/2009	12/01/2010
UNSPECIFIED DISORDER TEETH+SUPPORTING STRUCTURES	5259	11/17/2010	11/23/2010
JAW PAIN	78492	11/17/2010	11/17/2010
OBESITY, UNSPECIFIED	27800	02/08/2010	11/15/2010
NEED PROPHYLACTIC VACCINATION+INOCULATION FLU	V0481	10/30/2008	10/28/2010
CONTUSION OF GENITAL ORGANS	9224	10/20/2010	10/22/2010
UNSPECIFIED DISORDER OF MALE GENITAL ORGANS	6089	10/22/2010	10/22/2010
OTHER SPECIFIED DISORDER OF MALE GENITAL ORGANS	60889	10/22/2010	10/22/2010
OTHER STRIKING AGAINST W/WO SUBSEQUENT FALL	E9179	10/20/2010	10/20/2010
NONDEPENDENT TOBACCO USE DISORDER	3051	11/30/2008	10/20/2010
	462	02/02/2007	10/03/2010

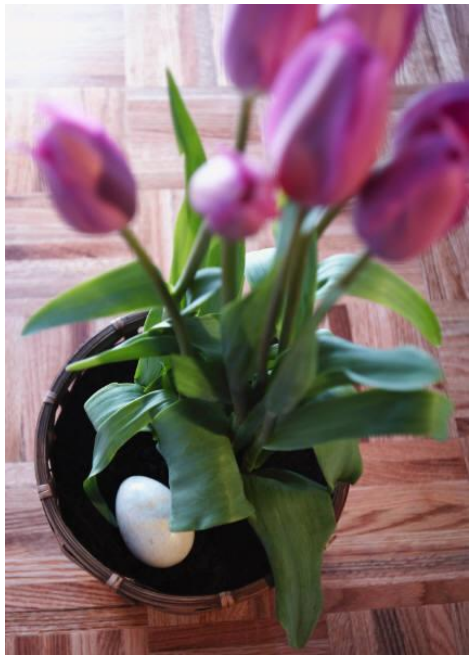

Questions?

MONTANA
Department of Public Health & Human Services

Surveillance and Utilization Review Section (SURS)

Introduction

ACS Provider Fair



Jennifer Tucker, CPC

Program Integrity Auditor and SURS Business Analyst

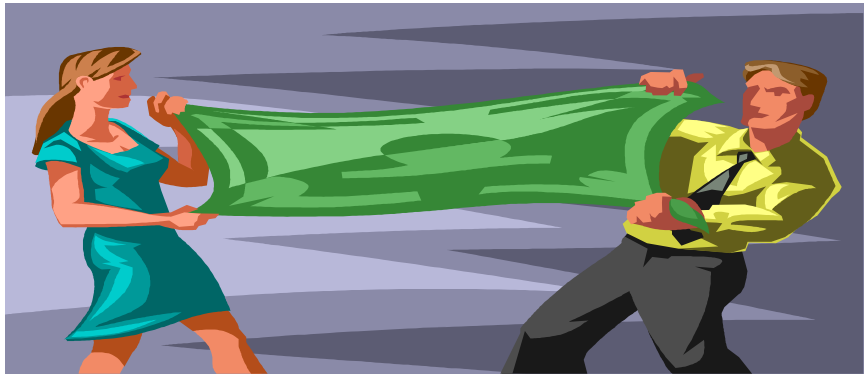
Spring 2012

MONTANA
Department of Public Health & Human Services

What is SURS?

Surveillance/Utilization Review Section is a Federally mandated program [42 CFR, Part 456.3]

The program maintains a strong commitment to assure that the right provider is receiving the right payment for the right services at the right time. We identify potential fraud, waste and abuse to ensure that State and Federal monies are spent appropriately.

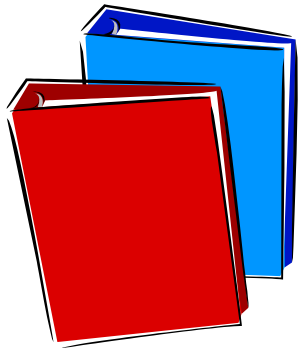


SURS is a team of auditors, including Certified Professional Coders and health care professionals, with diverse backgrounds, that perform federally mandated retrospective reviews of paid claims. [42 CFR 456]

Be familiar with the Medicaid provider manuals, fee schedules and providers notices that are in effect for the claim dates of services.

Read the *Claim Jumper* provider newsletter.

These publications are all available on the Provider information website.



Coding Reference Materials

Some additional coding reference materials

- CPT and CPT Assistant
- HCPCS
- ICD-9-CM
- CDT
- DSM
- Publications or training specific to your specialty.

It is also the ***responsibility of the provider*** to be knowledgeable about sections of the Administrative Rules that relate to their provider type, provider policies and covered services.

All providers of services must maintain complete records which fully demonstrate the extent, nature and medical necessity of services and items provided to Montana Medicaid clients. [ARM 37.85.414]

The Department is entitled to recover payment made to providers when a claim was paid incorrectly for any reason.

[MCA 53-6-111, ARM 37.85.406]

Providers are encouraged to ensure their employees are not listed on the federal exclusion databases.

- **DOLI (**http://app.mt.gov/lookup/index.html)
- **LEIE (**http://exclusions.oig.hhs.gov/)
- **EPLS** (https://www.epls.gov/)

Medicaid Recovery Audit Contractor (RACs)

- Montana will be contracting per federal requirements to obtain a Medicaid RAC.
- https://www.cms.gov/medicaidracs/home.aspx
- http://medicaid-rac.com/?gclid=CP_M0ae-oqsCFSEEQAodvUnFiw

Payment Error Rate Measurement (PERM)

- PERM is required by CMS pursuant to the Improper Payments Information Act of 2002 (IPIA; Public Law 107-300).
- The PERM cycle is under way again in Montana.

MONTANA
Department of Public Health & Human Services

Contact Information

SURS Supervisor

- **Jennifer Irish, CPC**
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    SURS Unit
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